



MSR10 7 8 7 9 (NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:	OWNED [PRIME CONTRACTOR		IVED				
APPLICANT IS THE:	V OWNER	TRIVIE CONTRACTOR	UEC 1	204-				
APPLICANT IS THE: OWNER PRIME CONTRACTOR OWNER CONTACT INFORMATION OWNER CONTACT PERSON: R.J. Williams								
OWNER CONTACT PERSON	.R.J. Williams		of Environme	ntal Qualit				
OWNER COMPANY LEGAL	Jackson True	ck & Trailer Repair, Inc.		- reality				
OWNER COMPANY LEGAL NAME: Jackson Truck & Trailer Repair, Inc.								
OWNER STREET OR P.O. BO			200					
owner city: Pearl		STATE: MS	ZIP: 392	288				
OWNER PHONE #: (601)	OWNER PHONE #: (601) 664-0191 OWNER EMAIL: jttgwilliams@aol.com							
PRIME CONTRACTOR CONTACT INFORMATION								
PRIME CONTRACTOR CON								
PRIME CONTRACTOR CON	TACT PERSON:	Jackson Truck & Trailer Repa	air. Inc.					
PRIME CONTRACTOR COMPANY LEGAL NAME: Jackson Truck & Trailer Repair, Inc. PRIME CONTRACTOR STREET OR P.O. BOX: P.O. Box 6366								
PRIME CONTRACTOR STRI	EET OR P.O. BOX:). DOX 0300	20	200				
PRIME CONTRACTOR CITY	: Pearl	STATE: MS	ZIP: 39	200				
PRIME CONTRACTOR CITY: Pearl STATE: MS ZIP: 39288 PRIME CONTRACTOR PHONE #: (601) 862-1721 PRIME CONTRACTOR EMAIL: jttgwilliams@aol.com								
FACILITY SITE INFORMATION								
FACILITY SITE NAME: Jack	son Truck & Trailer - High	way 43 in Canton						
FACILITY SITE NAME. FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projects indicate the beginning of the project and identify all counties the project traverses.)								
STREET: nearest road i	s E. Dinkins Street							
STREET: nearest road i CITY: Canton	STATE: MS	COUNTY: Madison	ZIP:	ZIP: 39046				
FACILITY SITE TRIBAL LA	ND ID (N/A If not applic	able): N/A						
LATITUDE: 32 degrees 35	minutes 58 seconds	LONGITUDE: <u>-90</u> degrees <u>00</u>	minutes 26 second	ls				
LAT & LONG DATA SOUDCE	F (CDS (Diagra CDS Decises Es	ntrance/Start Point) or Map Interpolation):	Map Interpolation					
LAT & LONG DATA SOURCE	E (GFS (Fleuse GFS Project El	25 acres						
TOTAL ACREAGE THAT W			_					
IS THIS PART OF A LARGEI			$\operatorname{YES} \square$	NO 🛮				
IF YES, NAME OF LARGER OF AND PERMIT COVERA	COMMON PLAN OF D AGE NUMBER: MSR10	EVELOPMENT: N/A						
ESTIMATED CONSTRUCTION	ON PROJECT START D	ATE:	2019-01-03					
			YYYY-MM-DD 2019-03-30					
ESTIMATED CONSTRUCTION	ON PROJECT END DAT	OJECT END DATE:		YYYY-MM-DD				
DESCRIPTION OF CONSTRI	UCTION ACTIVITY: C	onstruct a gravel parking lot		-1 -1				
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: parking for cars and trucks								
SIC Code	NAICS Code							

NEAREST NAMED RECEIVING STREAM: Walnut Creek						
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found on M http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES□ DEQ's web site:	NO☑				
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	$YES\square$	NO				
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	YES□ BY THE CONS	NO ☑ TRUCTION				
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP): the site is currently a cotton field and has a loamy, silty clay soil						
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	$_{\rm YES}\square$	NO☑				
IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRYL OTHER	IMIDE (PAM)					
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCAL AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	ATION OF INTR YES □	ODUCTION NO□				

 $^{^1}$ Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft² per lot (entire lot, if smaller) shall be included in calculating acreage disturbed.

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS COVERAGE UNDER THIS PERMIT WILL NOT BE GRANTED UNTIL ALL OTHER REQUIRED MDEQ PERMITS AND APPROVALS ARE SATISFACTORILY ADDRESSED

IS LC	CNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?		YES 🗹	NO □			
IF YES, CHECK ALL THAT APPLY: □ AIR □ HAZARDOUS WASTE □ PRETREATMENT							
	\square water state operating \square individual npdes	OTHER: MDOT Driveway					
IS TH	IE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANG NY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	CE for pe	YES rmitting require	NO ☑ ments.)			
	HE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PRUMENTATION THAT:	ROVI	DE APPROPRIA	TE			
•	The project has been approved by individual permit, or						
 The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or 							
•	The work will be covered by a nationwide or general permit and NOTIFICATION	to th	e Corps is requir	ed			
IS A I	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? s, provide appropriate approval documentation from MDEQ Office of Land and W	ater, l	YES □ Dam Safety.)	NO 🗹			
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED? Check one of the following and attach the pertinent documents.							
	Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form or approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications can not be provided at the time of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow.						
	Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date:)						
	Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.						
	Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.						
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJ	ECT	MUST COMPLY	/:			
N/A							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Applicant¹ (owner or prime contractor)

Date Signed

Printed Name

Title

¹This application shall be signed as follows:

- For a corporation, by a responsible corporate officer.
- · For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official

Please submit the LCNOI form to:

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261

Jackson, Mississippi 39225

PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 ____ County

(Fill in your Certificate of Coverage Number and County)



By completing and submitting this form to MDEO, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

¹This application shall be signed as follows:
- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.

For a sole proprietorship, by the proprietor. For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

This Prime Contractors Certification form shall be submitted to:

Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control Jackson, Mississippi 39225

Revised: 10/25/16