

MSR10 8 2 3 2

APPLICANT IS THE: ✓ OWNER PRIME CONTRACTOR OWNER CONTACT INFORMATION OWNER CONTACT PERSON: Jon Reeves OWNER COMPANY LEGAL NAME: Reeves Investment Properties, LLC OWNER STREET OR P.O. BOX: 5627 Getwell Road, Bldg C, Suite 5 ZIP: 38672 OWNER CITY: Southaven STATE: MS OWNER PHONE #: (901) 493-4491 OWNER EMAIL: jreeves@rwllc.net PRIME CONTRACTOR CONTACT INFORMATION PRIME CONTRACTOR CONTACT PERSON: PRIME CONTRACTOR COMPANY LEGAL NAME: PRIME CONTRACTOR STREET OR P.O. BOX: _____ PRIME CONTRACTOR CITY: STATE: PRIME CONTRACTOR PHONE #: () PRIME CONTRACTOR EMAIL: FACILITY SITE INFORMATION FACILITY SITE NAME: Holly Ridge West P.U.D. 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: MS Hwy 301 and Grove Lane ZIP: 38637 STATE: MS CITY: Horn Lake COUNTY: DeSoto LATITUDE: 34 degrees 58 minutes 14 seconds LONGITUDE: 90 degrees 05 minutes 46 seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Map Interpolation TOTAL ACREAGE THAT WILL BE DISTURBED 1: 56 YES 🗆 NO Z IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: AND PERMIT COVERAGE NUMBER: MSR10 2020-06-25 ESTIMATED CONSTRUCTION PROJECT START DATE: YYYY-MM-DD 2021-06-20 ESTIMATED CONSTRUCTION PROJECT END DATE: YYYY-MM-DD DESCRIPTION OF CONSTRUCTION ACTIVITY: Clearing, grubbing and minor grading PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: SIC Code ___ _ NAICS Code ____



NEAREST NAMED RECEIVING STREAM: Cedar Cree	ek		
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST BODIES? (The 303(d) list of impaired waters and TMDL sti http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maxi	ream seaments may be found an	YES□ MDEQ's web site:	NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVE	ING STREAM SEGMENT?	YES□	NO
ARE THERE RECREATIONAL STREAMS, PRIVATE/PI WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNI ACTIVITY?	UBLIC PONDS OR LAKES DRY THAT MAY BE IMPACT	YES□. ED BY THE CONS	NO□ TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear pro- Loring Sity Loam, Loring Sity Clay Loam, Collins and Falaya Sit Loam, Granada Sit Loa	ojects please describe in SWPPF am, and Memphis Sät Loam):	
WILL FLOCCULANTS BE USED TO TREAT TURBIDIT	Y IN STORM WATER?	YES□	NOZ
IF YES, INDICATE THE TYPE OF FLOCCULANT.	☐ ANIONIC POLYACE ☐ OTHER	YLIMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD O AND THE LOCATION OF WHERE FLOCCULATED MA	OF INTRODUCTION, THE LO	CATION OF INTR YES □	ODUCTION NO

¹Acreage 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 LO	NOI FOR A FACILITY THAT	WILL RE	QUIRE O	THER PERMITS?		YES □	NO 🗹	
IF Y	S, CHECK ALL THAT APPLY	□ AI	R 🗆	HAZARDOUS WAST	re \square	PRETREATME	ENT	
	□ WATER STATE OPERATI	NG	□ INDIV	IDUAL NPDES		OTHER:		
IS TI OF A	IE PROJECT REROUTING, FII NY KIND? (If yes, contact the U	LING OI S. Army (R CROSSI Corps of E	NG A WATER CONV ngineers' Regulatory E	EYANCE Branch for p	YES ermitting require	NO 🗹 ments.)	
IF TI DOC	IE PROJECT REQUIRES A CO UMENTATION THAT:	RPS OF E	ENGINEEI	R SECTION 404 PERM	MIT, PROV	IDE APPROPRIA	ATE	
•	The project has been approved i	y individ	ual 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 na	ationwide	or general	permit and NOTIFIC	ATION to th	ne Corps is requir	ed	
IS A (If ye	LAKE REQUIRING THE CONS s, provide appropriate approval d	TRUCTIO	ON OF A I	DAM BEING PROPOS MDEQ Office of Land	ED? and Water,	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 permit from MDEQ or indicate	n will be C the date th	Constructed ne applicati	l. Please attach a copy on was submitted to M	of the cover IDEQ (Date	of the NPDES dis	scharge)	
	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 D feasibility of installing a central response from MDEQ concerning is not feasible, then please attach certification from a registered prodisposal systems.	sewage col g the feasi a copy of	llection and ibility stud the Letter	l treatment system mu y must be attached. If of General Acceptanc	st be made i a central co e from the S	by MDEQ. A copy llection and waste tate Department (y of the water system of Health or	
INDI	CATE ANY LOCAL STORM W	ATER OR	RDINANCI	E WITH WHICH THE	PROJECT	MUST COMPLY	′ :	
City	f Horn Lake							
	•							

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)

5. 28- 2020

Date Signed

JON A. REEVE

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