

MSR10 8 2 7 8

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:	OWNER []	PRIME CONTRACTO	R	ECEIV	EN		
0	WNER CONT.	ACT INFORMATION		AUG 2 & 202	0		
OWNER CONTACT PERSON: Chuc			D	V			
OWNER COMPANY LEGAL NAME:	City of Clarksd	ale	- 5	V	name track curty model		
OWNER STREET OR P.O. BOX: 121 Sunflower Avenue							
				ZIP: 386	614		
OWNER PHONE #: (662) 621-8164 OWNER EMAIL: mayor@cityofclarksdale.org							
	PRIME CONTRACTOR CONTACT INFORMATION						
PRIME CONTRACTOR CONTACT P	ERSON: TBD						
PRIME CONTRACTOR COMPANY I		-					
PRIME CONTRACTOR STREET OR							
PRIME CONTRACTOR CITY:		STATE:		ZIP:			
PRIME CONTRACTOR PHONE #: (_							
	FACILITY SIT	E INFORMATION					
FACILITY SITE NAME: Pearson Street	t Protection Levee	Project					
FACILITY SITE ADDRESS (If the physindicate the beginning of the project and id	ical address is not a entify all counties t	vailable, please indicate the r		med road. For line	ar projects		
STREET: Pearson Street CITY: Clarksdale	TATE: MS	COUNTY: Coah	oma	ZIP:	38614		
FACILITY SITE TRIBAL LAND ID (N	/A If not applicabl	_{e):_} n/a					
LATITUDE: 34 degrees 13 minutes	07 seconds 1	ONGITUDE: 90 degrees	34 m	inutes 228 second	is		
LAT & LONG DATA SOURCE (GPS (PI							
TOTAL ACREAGE THAT WILL BE D	ISTURBED 1: 14	.37					
IS THIS PART OF A LARGER COMM				YES 🗆	NO ☑		
IF YES, NAME OF LARGER COMMO AND PERMIT COVERAGE NUM	N PLAN OF DEV IBER: MSR10	ELOPMENT:					
ESTIMATED CONSTRUCTION PROJ	ECT START DAT	E:		YYYY-MM-DD			
ESTIMATED CONSTRUCTION PROJ		5		YYYY-MM-DD	æ5		
DESCRIPTION OF CONSTRUCTION	ACTIVITY: Eart	hwork and Installment of	pipes to	create levee			
PROPOSED DESCRIPTION OF PROP Levee	ERTY USE AFTE	R CONSTRUCTION HAS	BEEN C	COMPLETED:			
SIC Code 2 3 7 9 NAICS	Code 1 6 2 9 0	1					



NEAREST NAMED RECEIVING STREAM: Big Sunflower River								
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 MDEQ's web site: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)								
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STRE		YES□	NO					
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES YES□ NO□ WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY?								
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):								
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STO	RM WATER?	YES□	NO₪					
	NIONIC POLYACRYLIMI THER	DE (PAM)	_					
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRO AND THE LOCATION OF WHERE FLOCCULATED MATERIAL '	DUCTION, THE LOCATION IN THE L	ON OF INTROD YES□	UCTION 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 L	CNOI FOR A FACILITY THAT WIL	REOL	IRF OTHER PEDMITS?					
		S KEQU	THE OTHER PERMITS:	YES □	NO 🗹			
IF Y	es, check all that apply:	AIR	☐ HAZARDOUS WASTE	□ PRETREATMENT				
	☐ WATER STATE OPERATING		INDIVIDUAL NPDES	□ OTHER:				
IS T	HE PROJECT REROUTING, FILLIN NY KIND? (If yes, contact the U.S. A	G OR C rmy Cor	ROSSING A WATER CONVEYA ps of Engineers' Regulatory Bran	NCE YES ch for permitting requirement	NO □ s.)			
IF TO	HE PROJECT REQUIRES A CORPS UMENTATION THAT:	OF ENG	GINEER SECTION 404 PERMIT,	PROVIDE APPROPRIATE				
•	The project has been approved by inc	lividual į	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 nation	wide or g	general permit and NOTIFICATIO	ON to the Corps is required				
IS A (If ye	LAKE REQUIRING THE CONSTRU s, provide appropriate approval docun	CTION (OF A DAM BEING PROPOSED? a from MDEQ Office of Land and	YES 🗆 Water, Dam Safety.)	NO 🗹			
IF TI BE D	HE PROJECT IS A SUBDIVISION OF ISPOSED? Check one of the following	R A CON and atta	MERCIAL DEVELOPMENT, First the pertinent documents.	OW WILL SANITARY SEW	AGE			
	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 Disposite feasibility of installing a central sewage response from MDEQ concerning the is not feasible, then please attach a concertification from a registered professed disposal systems.	e collect feasibili by of the	ion and treatment system must be ty study must be attached. If a ce Letter of General Acceptance fro	made by MDEQ. A copy of the strain collection and wastewater me the State Department of He	he r system alth or			
INDI	CATE ANY LOCAL STORM WATE	R ORDII	NANCE WITH WHICH THE PR	DJECT MUST COMPLY:				
								

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 Applicant (owner or prime contractor)

08/24/2020 Date Signed

Chuck Espy

Printed Name!

Mayor

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