BAIRD ENGINEERING, INC.

506 Jefferson Street Clinton, Mississippi 39056

December 11, 2020

Mr. Graham Watson MS Department of Environmental Quality Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225

Re: LCNOI Application Eden Terrace Memorials Maddox Road jackson, Mississippi

Mr. Watson,

Attached to this letter is the LCNOI Application and all supporting documents for your review and approval. I hope that you find all things in order. If you have any questions, please feel free to contact myself. Below is my contact information.

Colin L. Baird 506 Jefferson Street Clinton, MS 39056

601.925.5015 (office) 601.278.5548 (mobile)

Email: cbaird@floydbaird.com

Respectfully:

Colin L. Baird, PE, PLS

Principal

Baird Engineering, Inc.

RECEIVED
DEC 14 REC'D

Dept. of Environmental Quality

MSR10	
(NUMBER TO BE ASSIGNED BY ST	ATE)

APPLICANT IS THE:	✓ OWNER □	PRIME CONTRACTO	R	ECE	IVE
	OWNER CONT	ACT INFORMATION	1 0		
OWNER CONTACT PERSON	:Vercell Vance			DEC 1	4 2020
OWNER COMPANY LEGAL			N.		
OWNER STREET OR P.O. BO	X: 400 Kelly Plantati	ion Drive, Suite 1103	1	MD	EQ
OWNER CITY: Destin OWNER PHONE #: (850)		state: FL		ZIP: 3254	1 1
OWNER PHONE #: (850)2	259-6638 o	WNER EMAIL: Vvance@	@alphadata.	com	
PR	IME CONTRACTOR	R CONTACT INFORM	ATION		-100
PRIME CONTRACTOR CONT	TACT PERSON: Verce	ll Vance			
PRIME CONTRACTOR COM	PANY LEGAL NAME: E	den Terrace Memorials,			
PRIME CONTRACTOR STRE	EET OR P.O. BOX: 400	Kelly Plantation Drive,	Suite 1103		
PRIME CONTRACTOR CITY	: Destin	STATE: FL		ZIP: 325	541
PRIME CONTRACTOR PHON	PRIME CONTRACTOR CITY: Destin STATE: FL ZIP: 32541 PRIME CONTRACTOR PHONE #: (850) 259-6638 PRIME CONTRACTOR EMAIL: Vvance@alphadata.com			ita.com	
FACILITY SITE INFORMATION					
FACILITY SITE NAME: Eden Terrace Memorials					
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 is CITY: Jackson	s T.V. Road				
			3	ZIP: 39	9204
FACILITY SITE TRIBAL LAN	ND ID (N/A If not applicat	ole): N/A	47		······
LATITUDE: 32 degrees 17 minutes 3.7 seconds LONGITUDE: -90 degrees 17 minutes 13.7 seconds					
LAT & LONG DATA SOURCE			tion): IVIAP ITILE	rpolation	
TOTAL ACREAGE THAT WI	LL BE DISTURBED 1: 1	5.74			
IS THIS PART OF A LARGER			Y	ES 🗆	NO 🗹
IF YES, NAME OF LARGER O AND PERMIT COVERA	COMMON PLAN OF DEV GENUMBER: MSR10	VELOPMENT: N/A		-	
ESTIMATED CONSTRUCTIO	N PROJECT START DA	TE:		2020-12-14 YYY-MM-DD	
ESTIMATED CONSTRUCTIO	N PROJECT END DATE	٠.		2021-03-15	
			=	YYY-MM-DD	
DESCRIPTION OF CONSTRUCTION ACTIVITY: clearing property for building, parking and cemetery					
PROPOSED DESCRIPTION O Memorial/Funeral Service and co	F PROPERTY USE AFT emetery grounds	ER CONSTRUCTION HAS	BEEN COMP	LETED:	
SIC Code	NAICS Code	 _			

NEAREST NAMED RECEIVING STREAM: Cany Creek			
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF BODIES? (The 303(d) list of impaired waters and TMDL stream http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum	F IMPAIRED WATER m segments may be found on MDI n_Daily_Load_Section)	YES□ EQ's web site:	NO☑
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING	S STREAM SEGMENT?	YES□	NO☑
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBI WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY ACTIVITY?	LIC PONDS OR LAKES Y THAT MAY BE IMPACTED B	YES□ Y THE CONST	NO☑ RUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear project the site is currently wooded and has a loamy, silty clay soil	ets please describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY I	N STORM WATER?	YES□	NO
IF YES, INDICATE THE TYPE OF FLOCCULANT.	□ ANIONIC POLYACRYLIM □ OTHER	IDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF I AND THE LOCATION OF WHERE FLOCCULATED MATE		ON OF INTRO YES □	DUCTION 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 REC	QUIRE OTHER PERMITS?		YES 🛛	NO □
IF YI	S, CHECK ALL THAT APPLY: 🗀 AIR	R □ HAZARDOUS WASTE		PRETREATME	NT
	□ WATER STATE OPERATING	□ INDIVIDUAL NPDES		OTHER: City of J	ackson
IS THOF A	E PROJECT REROUTING, FILLING OR NY KIND? (If yes, contact the U.S. Army C	R CROSSING A WATER CONVEYAN Corps of Engineers' Regulatory Branch	NCE 1 for pe	YES rmitting requiren	NO 🗹 nents.)
IF TH	IE PROJECT REQUIRES A CORPS OF E	ENGINEER SECTION 404 PERMIT, F	PROVI	DE APPROPRIA	ГЕ
•	The project has been approved by individu	ual permit, or			
•	The work will be covered by a nationwide \mathbf{I}	permit and NO NOTIFICATION to th	e Corp	s is required, or	
•	The work will be covered by a nationwide of	or general permit and NOTIFICATIO	N to th	e Corps is require	d
IS A I	LAKE REQUIRING THE CONSTRUCTIONS, provide appropriate approval documentate	ON OF A DAM BEING PROPOSED? ation from MDEQ Office of Land and V	Water, 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 Sys of General Acceptance from the Mississipp engineer that the platted lots should suppor	pi State Department of Health or certifi	cation	from a registered	f the Letter professional
	Individual Onsite Wastewater Disposal Sysfeasibility of installing a central sewage coll response from MDEQ concerning the feasil is not feasible, then please attach a copy of certification from a registered professional disposal systems.	llection and treatment system must be i ibility study must be attached. If a cent the Letter of General Acceptance from	made b tral coll 1 the St	y MDEQ. A copy lection and wastev ate Department of	of the vater system f Health or
INDI	CATE ANY LOCAL STORM WATER OR	DINANCE WITH WHICH THE PRO	JECT I	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 Applicant! (owner or prime contractor)

Date Signed

Verill Vance

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

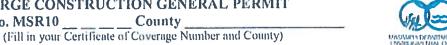
P.O. Box 2261

Jackson, Mississippi 39225

PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 ____ County



By completing and submitting this form to MDEQ, 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.

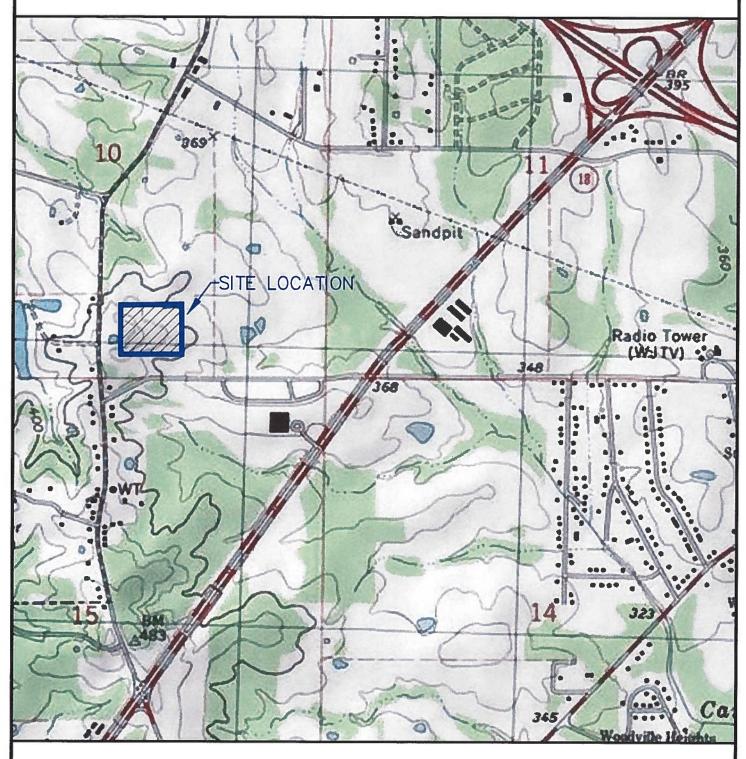
the state shall remain responsible under applicable federal and state laws and regularise	is that apparente perman	
PRIME CONTRACTOR INFORM	TATION	
PRIME CONTRACTOR CONTACT PERSON: Vercell Vance	PHONE NUMBER: (850) 259-6638	
Eden Terrace Memorials, LLC		
PRIME CONTRACTOR STREET (P.O. BOX): 400 Kelly Plantation Dri	ve, Suite 1103	
PRIME CONTRACTOR CITY: Destin	STATE: FL ZIP: 32541	
PRIME CONTRACTOR COMPANY:		
OWNER INFORMATION	N .	
OWNER CONTACT PERSON: Vercell Vance	HONE NUMBER: (850) 259-6638	
OWNER CONTACT PERSON: Vercell Vance Province OWNER COMPANY NAME: Eden Terrace Memorials, LLC		
PROJECT INFORMATIO	N	
PROJECT NAME: Eden Terrace Memorials		
DESCRIPTION OF CONSTRUCTION ACTIVITY: clearing property for building, parking and cemetery		
PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)		
STREET: nearest road is T.V. Road		
CITY: Jackson COUNTY: Hinds		
I certify that I am the prime contractor for this project and will comply with all the requermit. I further certify under penalty of law that this document and all attachments we accordance with a system designed to assure that qualified personnel properly gathered my inquiry of the person or persons who manage the system, or those persons directly r information submitted is, to the best of my knowledge and belief, true, accurate and compensities for submitting false information, including the possibility of fine and imprison	vere prepared under my direction or supervision in and evaluated the information submitted. Based on esponsible for gathering the information, the uplete. I am aware that there are significant ment for knowing violations.	
Prime Contractor Signature Da	/2-1/- 2020 ite Signed	
Printed Name Ti	CED	
Printed Name Ti	tle	
This application shall be signed as follows:	ractors Certification form shall be submitted to:	

approcures sum we 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.

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

Revised: 10/25/16

EDEN TERRACE MEMORIAL QUAD MAP: JACKSON



BAIRD Engineering, Inc.

506 Jefferson Street Drive Clinton, MS 39056 ph. (601) 925-5015 www.floydbaird.com Scale: 1'=200'

Job #4287 Dec. 11, 2020