## MSR108424

(NUMBER TO BE ASSIGNED BY STATE)

OWNER CONTACT INFORMATION  OWNER CONTACT PERSON: Von Anderson  OWNER CONTACT PERSON: Von Anderson  OWNER COMPANY LEGAL NAME: Jackson Municipal Airport Authority  OWNER STREET OR P.O. BOX; 100 International Drive, Suite 300  OWNER CITY: Jackson STATE: MS ZIF: 39208  OWNER PHONE #: (601 ) 939-5631 OWNER EMAIL: Vanderson@jmaa.com  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON: DeJonneite Grantham King  PRIME CONTRACTOR COMPANY LEGAL NAME: Advanced Environmental Consultants, Inc.  PRIME CONTRACTOR COMPANY LEGAL NAME: Advanced Environmental Consultants, Inc.  PRIME CONTRACTOR COMPANY LEGAL NAME: Advanced Environmental Consultants, Inc.  PRIME CONTRACTOR COMPANY LEGAL NAME: Advanced Environmental Consultants, Inc.  PRIME CONTRACTOR FROM: Jackson STATE: MS ZIP: 39202  PRIME CONTRACTOR PHONE #: (601) 362-1788 PRIME CONTRACTOR EMAIL: **Gpking@sindvarnoadenviroconsultants}  FACILITY SITE NAME: Hawkins Field Airport  FACILITY SITE INFORMATION  FACILITY SITE NAME: Hawkins Field Airport  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projindicate the beginning of the physical address is not available, please indicate the nearest named road. For linear projindicate the beginning of the physical address is not available. Please indicate the nearest named road. For linear projindicate the beginning of the physical address is not available. Please indicate the nearest named road. For linear projindicate the beginning of the physical address is not available. Please indicate the nearest named road. For linear projindicate the beginning of the project and identify all counties the project traverses.)  STREET: 558 W Ramp Street  CITY: Jackson STATE: MS COUNTY: Hinds ZIP: 39209  FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  LATITUDE: 32 degrees 20 minutes 4 seconds LONGITUDE: 90 degrees 13 minutes 19.8 seconds  LAT & LONG DATA SOURCE (GPS (Please PS Project Entravacionary Planty of Map Interpolation): GPS  TOTAL ACREAGE THAT W	***************************************	· · · · · · · · · · · · · · · · · · ·		
OWNER CONTACT PERSON; Von Anderson  OWNER COMPANY LEGAL NAME; Jackson Municipal Airport Authority  OWNER STREET OR P.O. BOX; 100 International Drive, Suite 300  OWNER CITY; Jackson STATE; MS ZIP; 39208  OWNER PHONE #; (601_) 939-5631  OWNER EMAIL; Vanderson@jmaa.com  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON; DeJonnette Grantham King  PRIME CONTRACTOR COMPANY LEGAL NAME; Advanced Environmental Consultants, Inc.  PRIME CONTRACTOR STREET OR P.O. BOX; 775 North President Street  PRIME CONTRACTOR CITY; Jackson STATE; MS ZIP; 39202  PRIME CONTRACTOR PHONE #; (601_) 362-1788 PRIME CONTRACTOR EMAIL; **  **OWNER EMAIL; **  **Vanderson@jmaa.com  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACTOR EMAIL; **  **OWNER EMAIL; **  **OWNER EMAIL; **  **OWNER EMAIL; **  **Vanderson@jmaa.com  PRIME CONTRACTOR CONTACT INFORMATION  **FACILITY SITE INFORMATION  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projing indicate the beginning of the project and identify all counties the project traverses.)  **STREET:** 558 W Ramp Street**  CITY: Jackson STATE: MS COUNTY: Hinds ZIP; 39209  FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  LATITUDE: 32 degrees 20 minutes 4 seconds LONGTUDE: 90 degrees 13 minutes 19.8 seconds  LAT & LONG DATA SOURCE (GFS (Please GFS Project EntrancoStant Polnt) or Map Interpelation): GPS  TOTAL ACREAGE THAT WILL BE DISTURBED 1: 960  IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT: NA  AND PERMIT COVERAGE NUMBER: MSR10	APPLICANT IS THE: OWN	VER PRIME CONTRACTO	R	
OWNER COMPANY LEGAL NAME: Jackson Municipal Airport Authority  OWNER STREET OR P.O. BOX: 100 International Drive, Suite 300  OWNER CITY: Jackson STATE: MS ZIP: 39208  OWNER PHONE #: (601 ) 939-5631 OWNER EMAIL: Vanderson@jmaa.com  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON: DeJonnette Grantham King  PRIME CONTRACTOR COMPANY LEGAL NAME: Advanced Environmental Consultants, Inc.  PRIME CONTRACTOR STREET OR P.O. BOX: 775 North President Street  PRIME CONTRACTOR CITY: Jackson STATE: MS ZIP: 39202  PRIME CONTRACTOR PHONE #: (601) 362-1788 PRIME CONTRACTOR EMAIL: disking@advancedem/ioconsultants  FACILITY SITE INFORMATION  FACILITY SITE NAME: Hawkins Field Airport  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projindicate the beginning of the project and identify all counties the project traverses.)  STREET: 558 W Ramp Street  CITY: Jackson STATE: MS COUNTY: Hinds ZIP: 39209  FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  LATITUDE: 32 degrees 20 minutes 4 seconds LONGTUDE: 90 degrees 13 minutes 19.8 seconds  LAT & LONG DATA SOURCE (CPS (Please CPS Project Entrance/Start Point) or Map Interpolation): GPS  TOTAL ACREAGE THAT WILL BE DISTURBED 1: 3600  IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NAME OF LARGER COMMON PLAN OF DEVELOPMENT: NA  AND PERMIT COVERAGE NUMBER: MSR10  ESTIMATED CONSTRUCTION PROJECT START DATE: 12/31/2021  TYTY: MMDD  DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush rem  PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:	OWNE	R CONTACT INFORMATION		
OWNER STREET OR P.O. BOX; 100 International Drive, Suite 300  OWNER CITY; Jackson STATE: MS ZIP; 39208  OWNER PHONE #; (601 ) 939-5631 OWNER EMAIL: vanderson@jmaa.com  PRIME CONTRACTOR CONTACT INFORMATION  PRIME CONTRACTOR CONTACT PERSON: DeJonnette Grantham King  PRIME CONTRACTOR COMPANY LEGAL NAME: Advanced Environmental Consultants, Inc.  PRIME CONTRACTOR STREET OR P.O. BOX; 775 North President Street  PRIME CONTRACTOR CITY; Jackson STATE: MS ZIP; 39202  PRIME CONTRACTOR PHONE #; (601) 362-1788 PRIME CONTRACTOR EMAIL: dgking@gadvanceddrivioconsultants  FACILITY SITE INFORMATION  FACILITY SITE NAME: Hawkins Field Airport  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projindicate the beginning of the project and identify all counties the project traverses.)  STREET: 558 W Ramp Street  CITY; Jackson STATE: MS COUNTY: Hinds ZIP: 39209  FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  LATTUDE: 32 degrees 20 minutes 4 seconds LONGTUDE: 90 degrees 13 minutes 19.8 seconds  LAT & LONG DATA SOURCE (GFS (Please GFS Project Entrance/Start Point) or Map Interpolation): GPS  TOTAL ACREAGE THAT WILL BE DISTURBED 1: 960  IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NAME OF LARGER COMMON PLAN OF DEVELOPMENT: NA  AND PERMIT COVERAGE NUMBER: MSR10  ESTIMATED CONSTRUCTION PROJECT START DATE: 12/31/2021  TYTY: MMDD  DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush rem  PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: There will be no construction. Area will be cleared and maintained.				
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PRIME CONTRACTOR CONTACT PERSON:  DeJonnette Grantham King  PRIME CONTRACTOR COMPANY LEGAL NAME: Advanced Environmental Consultants, Inc.  PRIME CONTRACTOR STREET OR P.O. BOX:  775 North President Street  PRIME CONTRACTOR CITY: Jackson  STATE:  MS  ZIP: 39202  PRIME CONTRACTOR PHONE #: (801) 362-1788 PRIME CONTRACTOR EMAIL: dgking@advancadenviroconsultants  FACILITY SITE INFORMATION  FACILITY SITE NAME: Hawkins Field Airport  FACILITY SITE AME: Hawkins Field Airport  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project traverses.)  STREET: 558 W Ramp Street  CITY: Jackson  STATE: MS  COUNTY: Hinds  ZIP: 39209  FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  LATITUDE: 32 degrees 20 minutes 4 seconds  LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Polnt) or Map Interpolation): GPS  TOTAL ACREAGE THAT WILL BE DISTURBED 1: 960  IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT: NA  AND PERMIT COVERAGE NUMBER: MSRI0  ESTIMATED CONSTRUCTION PROJECT START DATE:  5/1/2021  YYYY-MM-DD  ESTIMATED CONSTRUCTION PROJECT END DATE:  12/311/2021  YYYY-MM-DD  DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush rem  PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: There will be no construction. Area will be cleared and maintained.	OWNER PHONE #: (601 ) 939-5631	OWNER EMAIL: vanderso	on@jmaa.com	
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PRIME CONTRACTOR STREET OR P.O. BOX: 775 North President Street  PRIME CONTRACTOR CITY: Jackson STATE: MS ZIP: 39202  PRIME CONTRACTOR PHONE #: (601) 362-1788 PRIME CONTRACTOR EMAIL: dpking@advancedenviroconsultants  FACILITY SITE INFORMATION  FACILITY SITE NAME: Hawkins Field Airport  FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear project indicate the beginning of the project and identify all counties the project traverses.)  STREET: 558 W Ramp Street  CITY: Jackson STATE: MS COUNTY: Hinds ZIP: 39209  FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  LATITUDE: 32 degrees 20 minutes 4 seconds LONGITUDE: 90 degrees 13 minutes 19.8 seconds  LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Polm) or Map Interpolation): GPS  TOTAL ACREAGE THAT WILL BE DISTURBED 1: 960  IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NAME OF LARGER COMMON PLAN OF DEVELOPMENT: NA  AND PERMIT COVERAGE NUMBER: MSR10  ESTIMATED CONSTRUCTION PROJECT START DATE: 5/1/2021  TYYY-MM-DD  DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush rem  PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: There will be no construction. Area will be cleared and maintained.	PRIME CONTRACTOR COMPANY LEGAL	NAME: Advanced Environmental	Consultants, Inc.	
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IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?  IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:  NA AND PERMIT COVERAGE NUMBER: MSR10  ESTIMATED CONSTRUCTION PROJECT START DATE:  5/1/2021  YYYY-MM-DD  ESTIMATED CONSTRUCTION PROJECT END DATE:  12/31/2021  YYYY-MM-DD  DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush rem  PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: There will be no construction. Area will be cleared and maintained.	LATITUDE: 32 degrees 20 minutes 4	seconds LONGITUDE: 90 degree	s 13 minutes 19.8 secon	ıds
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?  IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:  AND PERMIT COVERAGE NUMBER: MSR10  ESTIMATED CONSTRUCTION PROJECT START DATE:  5/1/2021  YYYY-MM-DD  ESTIMATED CONSTRUCTION PROJECT END DATE:  DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush rem  PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:  There will be no construction. Area will be cleared and maintained.	LAT & LONG DATA SOURCE (GPS (Please GP	PS Project Entrance/Start Point) or Map Interpola	tion): GPS	
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:  AND PERMIT COVERAGE NUMBER: MSR10  ESTIMATED CONSTRUCTION PROJECT START DATE:  5/1/2021  YYYY-MM-DD  ESTIMATED CONSTRUCTION PROJECT END DATE:  12/31/2021  YYYY-MM-DD  DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush rem  PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:  There will be no construction. Area will be cleared and maintained.	TOTAL ACREAGE THAT WILL BE DISTU	RBED 1: 960		
ESTIMATED CONSTRUCTION PROJECT START DATE:  ESTIMATED CONSTRUCTION PROJECT END DATE:  DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush remarks and the proposed description of property use after construction has been completed:  There will be no construction. Area will be cleared and maintained.	IS THIS PART OF A LARGER COMMON P.	LAN OF DEVELOPMENT?	YES 🗆	NO E
ESTIMATED CONSTRUCTION PROJECT END DATE:  DESCRIPTION OF CONSTRUCTION ACTIVITY:  Construction and related work in connection with tree and brush rem  PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:  There will be no construction. Area will be cleared and maintained.	IF YES, NAME OF LARGER COMMON PLAND PERMIT COVERAGE NUMBER	AN OF DEVELOPMENT: NA :: MSR10		
DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction and related work in connection with tree and brush rem PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: There will be no construction. Area will be cleared and maintained.	ESTIMATED CONSTRUCTION PROJECT	START DATE:		
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: There will be no construction. Area will be cleared and maintained.	ESTIMATED CONSTRUCTION PROJECT	END DATE:	12/31/2021	
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED: There will be no construction. Area will be cleared and maintained.	DESCRIPTION OF CONSTRUCTION ACTI	VITY: Construction and related work in	connection with tree and b	rush remov
SIC Code 1 6 2 9 NAICS Code 2 3 8 9 1 0	PROPOSED DESCRIPTION OF PROPERTY	VUSE AFTER CONSTRUCTION HAS		
	SIC Code 1 6 2 9 NAICS Code	2 3 8 9 1 0		

NEAREST NAMED RECEIVING STREAM: Town Creek			
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST BODIES? (The 303(d) list of impaired waters and TMDL street; http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maxim	OF IMPAIRED WATER am segments may be found on Mi um_Daily_Load_Section)	YES□ DEQ's web site:	NOI
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVI	IG STREAM SEGMENT?	YES□	NO
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUI WITHIN 1/2 MILE DOWNSTREAM OF PROJECT BOUND ACTIVITY?	BLIC PONDS OR LAKES RY THAT MAY BE IMPACTED	YES□ BY THE CONS	NO☑ TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear proj	ects please describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY	IN STORM WATER?	YES 🗆	NOZ
IF YES, INDICATE THE TYPE OF FLOCCULANT.	□ ANIONIC POLYACRYLI □ OTHER	MIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF AND THE LOCATION OF WHERE FLOCCULATED MAT	FINTRODUCTION, THE LOCA ERIAL WILL SETTLE?	TION OF INTR YES □	ODUCTION NO Z

<sup>&</sup>lt;sup>1</sup>Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft<sup>2</sup> 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	NOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?	YES 🗆	NO 🛛
IF YE	es, check all that apply:   AIR HAZARDOUS WASTE	□ PRETREATMEN	rr
	$\square$ WATER STATE OPERATING $\square$ INDIVIDUAL NPDES	OTHER:	<del></del>
IS TH OF A	IE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANG NY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	CE YES □ for permitting requirem	NO ☑ ents.)
	IE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PR UMENTATION THAT:	ROVIDE APPROPRIAT	Æ
•	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 the Corps is required	i
IS A l (If ye	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? s, provide appropriate approval documentation from MDEQ Office of Land and W	YES □ ater, Dam Safety.)	NO 🗹
IF TE BE D	IE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HO'ISPOSED? Check one of the following and attach the pertinent documents.	W WILL SANITARY S	EWAGE
	Existing Municipal or Commercial System. Please attach plans and specifications associated "Information Regarding Proposed Wastewater Projects" form or approfinance, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specificat of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) collection and treatment that the flows generated from the proposed project can approperly. The letter must include the estimated flow.	val from County Utility A ions can not be provided responsible for wastewa	Authority in I at the time iter
	Collection and Treatment System will be Constructed. Please attach a copy of the opermit from MDEQ or indicate the date the application was submitted to MDEQ (	over of the NPDES disc	harge )
	Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots of General Acceptance from the Mississippi State Department of Health or certific engineer that the platted lots should support individual onsite wastewater disposal	ation from a registered	f the Letter professional
	Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 feasibility of installing a central sewage collection and treatment system must be m response from MDEQ concerning the feasibility study must be attached. If a cent is not feasible, then please attach a copy of the Letter of General Acceptance from certification from a registered professional engineer that the platted lots should sudisposal systems.	ade by MDEQ. A copy al collection and wastew the State Department of	of the vater system Health or
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJ	ECT MUST COMPLY	:
None			

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.

Signalure of Applicant (owner or prime contractor)

3/25/2021

**Date Signed** 

DyJonnette Grantham King

President/CEO

Title

Printed Name

<sup>1</sup>This 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