A1:80541



(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:	TOR			
OWNER CONTACT INFORMATION	ON			
OWNER CONTACT PERSON: Matthew Freeny				
OWNER COMPANY LEGAL NAME: Gregory Timber, Inc.				
OWNER STREET OR P.O. BOX: 272 Lacey Road				
	ZIP: 390	51		
OWNER CITY: Carthage STATE: MS ZIP: 39051  OWNER PHONE #: (601 ) 416-6600 OWNER EMAIL: Matt6600@att.net				
PRIME CONTRACTOR CONTACT INFOR	RMATION			
PRIME CONTRACTOR CONTACT PERSON: Matthew Freeny				
PRIME CONTRACTOR COMPANY LEGAL NAME: Gregory Timber, Inc.		-		
PRIME CONTRACTOR STREET OR P.O. BOX: 272 Lacey Road				
PRIME CONTRACTOR CITY: Carthage STATE: MS	ZIP: 39	051		
PRIME CONTRACTOR CITY: Carthage STATE: MS  PRIME CONTRACTOR PHONE #: (601) 416-6600 PRIME CONTRACTOR	EMAIL: Matt6600@att.ne	t		
FACILITY SITE INFORMATION				
FACILITY SITE NAME: Fox Hollow Properties				
<b>FACILITY SITE ADDRESS</b> (If the physical address is not available, please indicate the beginning of the project and identify all counties the project traverses.)	he nearest named road. For linea	r projects		
STREET: 5580 Grants Ferry Road				
STREET: 5580 Grants Ferry Road  CITY: Flowood STATE: MS COUNTY: Ra	nkin ZIP: 3	9232		
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A				
LATITUDE: 32 degrees 21 minutes 6.37 seconds LONGITUDE: -90 degr	rees 00 minutes 51.66 seconds			
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Map Interpolation				
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 8.87				
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?	YES□	NO Z		
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: N/A AND PERMIT COVERAGE NUMBER: MSR10				
ESTIMATED CONSTRUCTION PROJECT START DATE:	2021-12-26			
ESTIMATED CONSTRUCTION PROJECT DAYS DATE	YYYY-MM-DD 2022-12-01			
ESTIMATED CONSTRUCTION PROJECT END DATE:	YYYY-MM-DD			
DESCRIPTION OF CONSTRUCTION ACTIVITY: clearing and grubbing for future development				
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAT	AS BEEN COMPLETED:			
SIC Code NAICS Code		,		

NEAREST NAMED RECEIVING STREAM: Mill Creek			
IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST BODIES? (The 303(d) list of impaired waters and TMDL str. http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maxis	ream coamonte may be found on 8	YES□ MDEQ's web site:	NO☑
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVE	ING STREAM SEGMENT?	YES□	NO☑
ARE THERE RECREATIONAL STREAMS, PRIVATE/PUWITHIN 1/2 MILE DOWNSTREAM OF PROJECT BOUND ACTIVITY?	UBLIC PONDS OR LAKES DRY THAT MAY BE IMPACTE	YES□ D BY THE CONS	NO☑ TRUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear protes the site is currently wooded and has a loamy, sitty clay soil	ojects please describe in SWPPP)	:	
WILL FLOCCULANTS BE USED TO TREAT TURBIDIT	Y IN STORM WATER?	YES□	NO⊠
IF YES, INDICATE THE TYPE OF FLOCCULANT.	□ ANIONIC POLYACRY □ OTHER	LIMIDE (PAM)	
IF YES, DOES THE SWPPP DESCRIBE THE METHOD C AND THE LOCATION OF WHERE FLOCCULATED MA	OF INTRODUCTION, THE LOC TERIAL WILL SETTLE?	ATION OF INTR	ODUCTION NO [

 $<sup>^{1}</sup>$ Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000  $\mathrm{ft^{2}}$  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 WILL REQUIRE OTHER PERMITS?				
			YES 🗹	NO □	
IF Y	ES, CHECK ALL THAT APPLY:   AIR HAZARDOUS WASTE		PRETREAT	MENT	
	☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES		OTHER: Cit	y of Flowood	
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE  VES NO OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.)					
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:					
•	The project has been approved by individual permit, or				
•	<ul> <li>The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or</li> </ul>				
<ul> <li>The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required</li> </ul>					
IS A (If ye	LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? ss, provide appropriate approval documentation from MDEQ Office of Land and Wat	er, I	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.				Y SEWAGE	
	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 coppermit from MDEQ or indicate the date the application was submitted to MDEQ (Date of the compensation).	ver c ate:	of the NPDES	discharge )	
	Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lo feasibility of installing a central sewage col'ection and treatment system must be mad response from MDEQ concerning the feasibility study must be attached. If a central is not feasible, then please attach a copy of the Letter of General Acceptance from the certification from a registered professional engineer that the platted lots should suppliciposal systems.	le by colle	MDEQ. A concept of the Department	opy of the stewater system	
INDI	CATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJEC	CT N	MUST COMP	LY:	
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

Signature of Applicant¹ (owner or prime contractor)

Date Signed

Printed Name<sup>1</sup>

Title

<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

## BAIRD ENGINEERING, INC.

506 Jefferson Street Clinton, Mississippi 39056

November 24, 2021

Morgan White MS Department of Environmental Quality Environmental Permits Division 401/Storm Water Branch P.O. Box 2261 Jackson, Mississippi 39225

Re: LCNOI Application Fox Hollow Properties 5580 Grants Ferry Road Flowood, Mississippi 39232

Morgan,

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 03 REC'D

Dept. of Environmental Quality

## 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 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.

PRIME CONTRACTOR INFORMATION						
PRIME CONTRACTOR CONTACT PERSON: Matthew Freeny	PHONE NUMBER, 601, 416-6600					
PRIME CONTRACTOR COMPANY: Gregory Timber, Inc.						
PRIME CONTRACTOR STREET (P.O. BOX): 272 Lacey Road						
Carthago	TE: MS ZIP: 39051					
E-MAIL ADDRESS: Matt6600@att.net						
OWNER INFORMATION						
OWNER CONTACT PERSON: Matthew Freeny	F NUMBER: (601, 416-6600					
OWNER CONTACT PERSON: Matthew Freeny OWNER COMPANY NAME: Gregory Timber, Inc.	ENOMBER: ()					
PROJECT INFORMATION						
PROJECT NAME: Fox Hollow Properties						
DESCRIPTION OF CONSTRUCTION ACTIVITY: clearing and grubbing for future development						
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 Plaza Drive						
CITY: Flowood COUNTY: Rankin						
I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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.  **Prime Contractor Signature**    Prime Contractor Signature**   Date Signed   President   Presid						

<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.

This Prime Contractors Certification form shall be submitted to:

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261

Jackson, Mississippi 39225