

At. 83018

MSR108874



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
DEC 29 2022
Dept. of Environmental Quality

LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT

INSTRUCTIONS

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than five (5) acres but will ultimately disturb five (5) or more acres. Applicant must be the owner or operator. For construction activities, the operator is typically the prime contractor. 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 Large Construction Storm Water General Permit MSR10.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Completed LCNOIs should be filed at least thirty (30) days prior to the commencement of construction. Discharge of storm water from large construction activities without written notification of coverage is a violation of state law.

Submittals with this LCNOI must include:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit
- A detailed site-specific scaled drawing showing the property layout and the features outlined in ACT5 of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

Additional submittals may include the following, if applicable:

- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- Appropriate documentation concerning future disposal of sanitary sewage and sewage collection system construction
- Appropriate documentation from the MDEQ Office of Land & Water concerning dam construction and low flow requirements
- Approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties
- Antidegradation report for disturbance within Waters of the State

ALL QUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)

O.C

A: 83018

MSR10 8874

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Dr. Bennett York
 OWNER COMPANY LEGAL NAME: Dr. Bennett York (Individual Owner)
 OWNER STREET OR P.O. BOX: 112 Sheffield Loop, Suite D
 OWNER CITY: Hattiesburg STATE: MS ZIP: 39402
 OWNER PHONE #: (601) 264-0403 OWNER EMAIL: katieasterling@gmail.com

PREPARER CONTACT INFORMATION

IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT

CONTACT PERSON: Chance Walker
 COMPANY LEGAL NAME: IPD LLC
 STREET OR P.O. BOX: 8180 Airways BLVD
 CITY: Southaven STATE: MS ZIP: 38671
 PHONE # () 901-517-0140 EMAIL: chance@ipdsolutions.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: _____ ZIP: _____
 PRIME CONTRACTOR PHONE #: () _____ PRIME CONTRACTOR EMAIL: _____

FACILITY SITE INFORMATION

FACILITY SITE NAME: Space Box RV and Boat Storage
 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: 4500 Goodman Road West
 CITY: Horn Lake STATE: MS COUNTY: DeSoto ZIP: 38637
 FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A
 LATITUDE: 34 degrees 96 minutes 28 seconds LONGITUDE: 90 degrees 06 minutes 96 seconds
 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Map Interpolation
 TOTAL ACREAGE THAT WILL BE DISTURBED ¹: 6.79

D.C

IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES NO

IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: _____
 AND PERMIT COVERAGE NUMBER: MSR10 _____

ESTIMATED CONSTRUCTION PROJECT START DATE: 2023-02-01
 YYYY-MM-DD

ESTIMATED CONSTRUCTION PROJECT END DATE: 2024-02-01
 YYYY-MM-DD

DESCRIPTION OF CONSTRUCTION ACTIVITY: Clearing, grubbing and grading

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
Site will be developed into a RV, Boat and drive up storage facility

SIC Code: _____ NAICS Code _____

NEAREST NAMED RECEIVING STREAM: Horn Lake Creek

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) YES NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO

FOR WHICH POLLUTANT:

ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN 1/2 MILE DOWNSTREAM OF PROJECT BOUNDARY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY? YES NO

EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):
Collins Silt Loam (Adler), Loring Silts Clay Loam, Memphis Silt Loam

WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER? YES NO

IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRYLAMIDE (PAM)
 OTHER _____

IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?

IS A SDS SHEET INCLUDED FOR THE FLOCCULATE? YES NO

WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE WATERS OF THE STATE? YES NO

IF NOT, PROVIDE EQUIVALENT CONTROL MEASURES IN THE SWPPP.

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 LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?

YES NO

IF YES, CHECK ALL THAT APPLY: AIR HAZARDOUS WASTE PRETREATMENT
 WATER STATE OPERATING INDIVIDUAL NPDES OTHER: _____

IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.) YES NO

IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:

- 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

IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CONVEYANCE OF ANY KIND? (If yes, please provide an antidegradation report.) YES NO

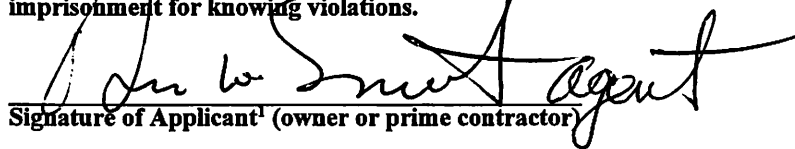
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Water, Dam Safety.) YES NO

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 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 Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.

INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4) WITH WHICH THE PROJECT 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 Applicant¹ (owner or prime contractor)

12/20/22
Date Signed

Ben W. Smith
Printed Name¹

Agent
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

Electronically:

<https://www.mdeq.ms.gov/construction-stormwater/>

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: _____ PHONE NUMBER: (____) _____

PRIME CONTRACTOR COMPANY: _____

PRIME CONTRACTOR STREET (P.O. BOX): _____

PRIME CONTRACTOR CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

OWNER INFORMATION

OWNER CONTACT PERSON: _____ PHONE NUMBER: (____) _____

OWNER COMPANY NAME: _____

PROJECT INFORMATION

PROJECT NAME: _____

DESCRIPTION OF CONSTRUCTION ACTIVITY: _____

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: _____

CITY: _____ COUNTY: _____

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 Signature¹

Date Signed

Printed Name¹

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.

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

Request for Termination (RFT) of Coverage



LARGE CONSTRUCTION GENERAL PERMIT
Coverage No. MSR10 _____ County _____
(Fill in your Certificate of Coverage Number and County)

This form must be submitted within thirty (30) days of achieving final stabilization (see ACT10, S-1 of general permit). Failure to submit this form is a violation of permit conditions.
Color photographs, representative of the stabilized construction site, must be submitted with this form.
The signatory of this form must be the owner or operator (prime contractor) who is the current coverage recipient (rather than the project manager or environmental consultant).

(Please Print or Type)

Project Name _____

Physical Site Street Address (if not available, indicate nearest named road): _____

City: _____ County: _____ Zip: _____

Latitude: degrees minutes seconds Longitude: degrees minutes seconds

Lat & Long Data source (GPS or Map Interpolation): _____

Coverage Recipient Company Name: _____

Street Address / P.O. Box: _____

City: _____ State: _____ Zip: _____

Coverage Recipient Contact Name and Position: _____ Tel. #: (____) _____

EMAIL: _____

Has another owner(s) or operator(s) assumed control over all areas of the site that have not reached final stabilization?

RESIDENTIAL SUBDIVISIONS:

- YES. A copy of the Registration Form for Residential Lot Coverage for each lot or out parcel that has been sold and a site map, indicating which lots have been sold, are attached.
- NO. Coverage may not be terminated until all areas have reached final stabilization.

COMMERCIAL DEVELOPMENT:

- YES. A copy of the site map, indicating which out-parcels have been sold, is attached.
- NO. Coverage may not be terminated until all areas have reached final stabilization.

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 fines and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with construction activity under this general permit. Discharging pollutants associated with construction activity to waters of the State without proper permit coverage is a violation of state law. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print) _____ Telephone _____ Signature _____ Date Signed _____

¹This application shall be signed according to the General Permit, ACT11, T-7 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.

After signing please mail to: Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Electronically: <https://www.mdeq.ms.gov/construction-stormwater/>

Keep a Copy Available at the Permitted Facility or Locally Available
Submit the Inspection Reports Only if Requested by the Mississippi Department of Environmental Quality (MDEQ)

**LARGE CONSTRUCTION GENERAL PERMIT
 SITE INSPECTION AND CERTIFICATION FORM
 COVERAGE NUMBER (MSR10 _____)**



INSTRUCTIONS

Results of construction storm water inspections required by ACT6 of this permit shall be recorded on this report form and kept with the Storm Water Pollution Prevention Plan (SWPPP) in accordance with the inspection documentation provisions of ACT9 of the this permit. Inspections shall be performed at least weekly for a minimum of four inspections per month. The coverage number must be listed at the top of all Inspection and Certification Forms.

COVERAGE RECIPIENT INFORMATION

OWNER/PRIME CONTRATOR NAME: _____

PROJECT NAME: _____

PROJECT STREET ADDRESS: _____

PROJECT CITY: _____ PROJECT COUNTY: _____

OWNER/PRIME CONTRACTOR MAILING ADDRESS: _____

MAILING CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ CONTACT PHONE NUMBER: (____) _____

EMAIL ADDRESS: _____

INSPECTION DOCUMENTATION

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): _____

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): _____

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan (SWPPP) and sound engineering practices as required by the above referenced permit. I further certify that the LCNOI and SWPPP information is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 fines and imprisonment for knowing violations.

Authorized Signature

Date

Printed Name

Title

Employee Training Log



Instructions: Newly hired employees responsible for implementing and/or complying with the requirements of the permit shall receive initial training prior to performing such responsibilities. Employees shall receive refresher training at a minimum of every twelve (12) months, thereafter. Proper documentation of employee training must be maintained. Include copies of the training agenda and certificates of training when applicable. All training records shall be maintained for at least three years from the date of training. [Large Construction General Permit ACT9 R-1]

Facility Name:		Physical Address:	
Coverage Number:		Training Date:	
Training Topic:			
Training Description:			
Employee Name (printed)	Employee Signature	Worker ID Number	Initial/Refresher
<i>“I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and belief.”</i>			
Trainer Name (printed)	Trainer Signature	Date	