

AI: 87451

MSR10

9394

(NUMBER TO LEAVE TO CONTACT STATE)

APPLICANT IS THE:

OWNER

PRIME CONTRACTOR

RECEIVED

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Book, R. M.

OWNER COMPANY LEGAL NAME:

OWNER STREET OR P.O. BOX: 1400 W. 1st St

OWNER CITY: Grand

STATE: Mo

OWNER PHONE: 636-414-4444

OWNER TITLE: Construction Manager

OCT - 2 2014

MDEQ

PRIME CONTRACTOR CONTACT INFORMATION

IF NOT W/ STATE FIDELITY BOND OR OTHER BOND, THE APPLICANT

CONTACT PERSON:

COMPANY LEGAL NAME:

STREET OR P.O. BOX:

CITY:

STATE:

ZIP:

PHONE ():

FAX:

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Chris D. Phillips

PRIME CONTRACTOR COMPANY LEGAL NAME: Green Leaf Construction Co

PRIME CONTRACTOR STREET OR P.O. BOX: 3991 W. 1st St

PRIME CONTRACTOR CITY: Grand

STATE: Mo

ZIP: 63013

PRIME CONTRACTOR PHONE #: 636-333-8888

FACILITY SITE INFORMATION

FACILITY SITE NAME: Med Evans

FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For line projects, indicate the beginning of the project and identify all counties the project traverses.)

STREET: 1400 W. 1st St

CITY: Grand

STATE: Mo

COUNTY: Washington

ZIP: 63013

FACILITY SITE TRIBAL LAND ID (N/A if not applicable): N/A

LATITUDE: 31 degrees 17 minutes 52 seconds

LONGITUDE: 90 degrees 21 minutes 14 seconds

LAT & LONG DATA SOURCE: GPS from Google Earth

TOTAL ACREAGE THAT WILL BE DISTURBED: 1.1 acres

O.C

IS THIS PART OF A DEVELOPMENT COMMON TO SEVERAL PARCELS? YES NO

IF YES, NAME OF PROJECT COMMON TO ALL PARCELS AND FILE NUMBER OF COMMON DEVELOPMENT: _____

ESTIMATED CONSTRUCTION PROJECT START DATE: _____

10/15/94
START DATE

ESTIMATED CONSTRUCTION PROJECT END DATE: _____

10/15/94
END DATE

DESCRIPTION OF CONSTRUCTION ACTIVITY: _____

to build & expand on the site

PROJECT DESCRIPTION OF PROPERTY AND THE CONSTRUCTION WHICH IS COVERED BY: _____

10/15/94

SIC CODE: *231* NAICS CODE: *231200*

NEAREST NAMED RECEIVING STRAINE: *Rocky Creek*

IS RECEIVING STRAINE OR SYSTEMS FOR BEST OF IMPAIRED WATER

BODIES? (The 303(d) list of impaired waters is available from the National Sanitation Foundation at <http://www.doh.state.nh.us/303d/>) YES NO

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

FOR WHICH POLLUTANT: *Ammonia*

ARE THERE RECREATIONAL STREAMS OR WATERBODIES 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, see 608b.11 SWPPP)

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 FLOCCULANT? 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 MEASURE IN THE SWPPP

¹ Acreage for subdivision development includes: front, side, and rear yards; driveway; and driveway house site of at least 10,000 sq. ft. per lot (excluding lot 10,000 sq. ft. or less) and at least 10,000 sq. ft. per house site.

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: *Comp*

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 nation-wide 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. MS-) WITH WHICH THE PROJECT MUST COMPLY:

These documents and all other documents submitted in connection with this application shall be held in confidence and shall not be disclosed to any person other than those persons to whom disclosure is authorized by the Commission. The Commission shall not be held liable for any loss or damage, including consequential damages, arising from the use of this information. The Commission shall not be held liable for any loss or damage, including consequential damages, arising from the use of this information.

[Signature]
Signature of Applicant (Print Name)

[Signature]
Date

[Signature]
Printed Name

[Signature]
Title

- This application shall be filed as follows:
- For a corporation, by a corporate officer;
 - For a partnership, by a general partner;
 - For a sole proprietorship, by the proprietor.

For a municipal entity, other than a utility, by the chief executive officer, mayor, or chairman of the board.

Please submit two (2) copies to:

Chief Executive Officer
Mississippi Department of Environmental Quality, Office of Pollution Control
P.O. Box 22711
Jackson, Mississippi 39202

Electronically:

<http://www.deq.state.ms.us/eforms/eforms.asp>