At. (28137

MSR109 67 1

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER PRIME CONTRACTOR
OWNER CONTACT INFORMATION
OWNER CONTACT PERSON: Blake Unruh
OWNER COMPANY LEGAL NAME: Blaker Farm Inc.
OWNER STREET OR P.O. BOX: 6689 Huy 35
OWNER CITY: Mize STATE: M5 ZIP: 39116
OWNER PHONE #: (601) 382 1848 OWNER EMAIL: Unruh blake 5601 @ gmail.com
PREPARER CONTACT INFORMATION
IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT
CONTACT PERSON:
COMPANY LEGAL NAME:
STREET OR P.O. BOX:
CITY:STATE:STATE:
PHONE #() EMAIL: SEP 2 9 2025
PRIME CONTRACTOR CONTACT INFORMATION
PRIME CONTRACTOR CONTACT PERSON: Device Koch MDEQ
PRIME CONTRACTOR COMPANY LEGAL NAME:
PRIME CONTRACTOR STREET OR P.O. BOX:
PRIME CONTRACTOR CITY:STATE:ZIP:
PRIME CONTRACTOR PHONE #: (601) 917 4100 PRIME CONTRACTOR EMAIL:
FACILITY SITE INFORMATION
FACILITY SITE NAME:
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: 6689 Huy 35 CITY: Mize 115 STATE: SMITH ZIP: 39116
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): NA
LATITUDE: <u>89</u> degrees <u>34</u> minutes <u>46.16</u> seconds LONGITUDE: <u>31</u> degrees <u>49</u> minutes <u>31.65</u> seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):
TOTAL ACREAGE THAT WILL BE DISTURBED 1: 8.6 acre5

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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:	2025 -11-25 YYYY-MM-DD	
ESTIMATED CONSTRUCTION PROJECT END DATE:	2026-8-25 YYYY-MM-DD	
DESCRIPTION OF CONSTRUCTION ACTIVITY: 6 propposed poultry houses	5	
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN	COMPLETED:	
SIC Code: NAICS Code		
NEAREST NAMED RECEIVING STREAM: Clear 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 Mhttp://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)	YES IDEQ's web site:	Nd
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 ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED ACTIVITY?	D BY THE CONST	NO RUCTION
EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):		
WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?	YES	NO
IF YES, INDICATE THE TYPE OF FLOCCULANT. ANIONIC POLYACRYI OTHER	LIMIDE (PAM)	_
IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCAND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?	ATION OF INTRO	DUCTION
IS A SDS SHEET INCLUDED FOR THE FLOCCULATE?	YES	NO
WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE STATE?	HE WATERS OF T	HE NC
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: DLPNOS
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYAN OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch	NCE YES NO
IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, P DOCUMENTATION THAT:	PROVIDE APPROPRIATE
-The project has been approved by individual permit, or -The work will be covered by a nationwide permit and NO NOTIFICATION to the Cor -The work will be covered by a nationwide or general permit and NOTIFICATION to t	ps is required, or he Corps is required
IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CON OF ANY KIND? (If yes, please provide an antidegradation report.)	NO V
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and V	VES NO VES NO Vater, Dam Safety.)
IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOBE DISPOSED? Check one of the following and attach the pertinent documents.	OW WILL SANITARY SEWAGE
Existing Municipal or Commercial System. Please attach plans and specification associated "Information Regarding Proposed Wastewater Projects" form or appr Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifica of LCNOI submittal, MDEQ will accept written acknowledgement from official(s collection and treatment that the flows generated from the proposed project can a properly. The letter must include the estimated flow.	roval from County Utility Authority in ations can not be provided at the time a) responsible for wastewater
Collection and Treatment System will be Constructed. Please attach a copy of the permit from MDEQ or indicate the date the application was submitted to MDEQ	cover of the NPDES discharge (Date:)
Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lo of General Acceptance from the Mississippi State Department of Health or certific engineer that the platted lots should support individual onsite wastewater disposa	ication from a registered professional
Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 feasibility of installing a central sewage collection and treatment system must be response from MDEQ concerning the feasibility study must be attached. If a cen is not feasible, then please attach a copy of the Letter of General Acceptance fron certification from a registered professional engineer that the platted lots should s disposal systems.	made by MDEQ. A copy of the tral collection and wastewater system a the State Department of Health or
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.

Alut	9-25-25	
Signature of Applicant ¹ (owner or prime contractor)	Date Signed	
Blake Uwoh	Ouner	
Printed Name ¹	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/

Revised 3/23/22