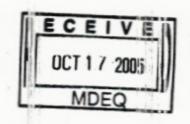
AI#23186 Gn P200500001





## CONSTRUCTION NOTICE OF INTENT (CNOI) FOR COVERAGE UNDER CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 3 € 46

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF CONSTRUCTION;
15 DAYS IF A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) IS ALREADY ON FI. E.
DISCHARGE OF STORM WATER FROM A CONSTRUCTION SITE WITHOUT
WRITTEN NOTIFICATION OF COVERAGE IS A VIOLATION OF STATE LAW

#### INSTRUCTIONS

SUBMITTALS WITH THIS CNOI MUST INCLUDE: A USGS QUAD MAP (OR A COP!) SHOWING SITE LOCATION AND STORM WATER OUTFALLS AND STORM WATER POLLUTION PREVENTION PLAN (SWPPP). SEE CONSTRUCTION GENERAL PERMIT PART III.

ADDITIONAL SUBMITTALS MAY INCLUDE DOCUMENTATION OF SWPPP APPROVAL WITH LOCAL (IRDINANCES (CONSTRUCTION GENERAL PERMIT PART III. B.); APPROPRIATE SECTION 404 DOCUMENTATION FROM CORPS OF ENGINEERS (IF REQUIRED); APPROPRIATE DOCUMENTATION FROM HEALTH DEPARTMENT AND/OR MDEQ/OPC FOR FUTURE DISPOSAL OF SANITARY SEWAGE AND SEWAGE COLLECTION SYSTEM; APPROPRIATE DOCUMENTATION FROM MDEQ/OFFICE OF LAND & WATER, FOR DAM CONSTRUCTION AND LOW FLOW REQUIREME ITS.

APPLICANT MUST BE OWNER OR PRIME CONTRACTOR. THE APPLICANT RECEIVES COVERAGE AND IS RESPONSIBLE FOR PERMIT COMPLIANCE. OWNER MAY APPLY AND AT A LATER DATE REQUIRE | RIME CONTRACTOR TO ASSUME PERMIT COMPLIANCE (SEE PRIME CONTRACTOR CERTIFICATION)..

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

#### IS APPLICANT THE OWNER OR PRIME CONTRACTOR? (CIRCLE ONE OR BOTH)

# OWNER INFORMATION OWNER CONTACT PERSON: Alex Russell OWNER COMPANY NAME: Alex Russell OWNER STREET (P.O. BOX): P.O. Box 1100 OWNER CITY: Monticello STATE: MS ZIP: 39654 OWNER PHONE # (INCLUDE AREA CODE): (601) 587-8032

PRIME CONTRACTOR INFORMATION	1
REME CONTRACTOR CONTACT PERSON: Ref Batril	
RIME CONTRACTOR COMPANY: Quanting Days Sever	
RIME CONTRACTOR STREET (P.O/BOX): 1210 Cishley Read	
RIME CONTRACTOR CITY: Diandon STATE: M2 ZIP	39042
RIME CONTRACTOR PHONE # (INCLUDE AREA CODE): 601 825-5408	

#### PROJECT INFORMATION

PROJECT NAME: Alex Russell	
PROJECT NAME:	
DESCRIPTION OF CONSTRUCTION ACTIVITY:	
Construction of Four (4) Poultry Houses	
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMP STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) IF KNOWN):	ETED (INCLUDE
SIC Co	de
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD - FOR LINEAR IS BEGINNING OF PROJECT. IN ADDITION, IDENTIFY ALL COUNTIES THAT LINERAR PROJECT TRAVERSES.):  STREET:	OJECTS INDICATE
CITY: Monticello , COUNTY: Lawrence	
ZIP: 39654	
NEAREST NAMED RECEIVING STREAM: Halls Creek	
ARE THERE ANY WETLANDS, RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR	AKES WITHIN 1/2
MILE DOWNSTREAM OF PROJECT BOUNDRY? No	
TOTAL ACREAGE THAT WILL BE DISTURBED1: 5 acres or more	
EST. START DATE:EST. COMPLETION DATE:	
TYPE SOIL ON SITE: Ruston	

<sup>&</sup>lt;sup>1</sup>Acreage for subdivision development includes areas disturbed by construction of roads, utilities and deainage. 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

IS THIS NOTICE FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS (Yes or No)? You circle which one(s): AIR, HAZARDOUS WASTE, PRETREATMENT, STATE OPERATING INDICORPS OF ENGINEERS SECTION 404 (If so, provide appropriate documentation from the Corps)	IDUAL NEDES,
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED (Yes of No)? No Provide Appropriate Approval Documentation from MDEQ, OFFICE OF DAM SAFETY.	LAND AND WATER,
IF THE PROJECT IS A SUBDIVISION, INDUSTRIAL PARK OR LARGE APARTMENT COMP SANITARY SEWAGE BE DISPOSED? Circle one of the following and attach the pertinent docume	EX HOW WILL
<ol> <li>Existing Municipal or Commercial System. Please attach a copy of the letter from MDEQ that specifications for the collection system have been submitted and approved.</li> </ol>	the plans and
<ol> <li>Collection and Treatment System will be Constructed. Please attach a copy of the cover of the permit from MDEQ or indicate the date the application was submitted to MDEQ (Date:</li></ol>	PDES discharge
<ol> <li>Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please atta of General Acceptance from the Mississippi State Department of Health or certification from a engineer that the platted lots should support individual onsite wastewater disposal systems.</li> </ol>	h a copy of the Letter registered professional
4. Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A deter feasibility of installing a central sewage collection and treatment system must be made by MDI response from MDEQ concerning the feasibility study must be attached. If a central collection is not feasible, then please attach a copy of the Letter of General Acceptance from the State Decertification from a registered professional engineer that the platted lots should support individual systems.	Q. A copy of the and wastewater system artment of Health or
IF THE PROJECT IS NOT ONE OF THE ABOVE, HOW WILL SANITARY SEWAGE BE DISPO	GED?
N/A	-
INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST SUBMIT ANY DOCUMENTATION OF APPROVAL. (APPROVED PLANS WILL RECEIVE EX N/A	COMPLY AND EDITED REVIEW):

### STORM WATER POLLUTION PREVENTION PLAN (SWPPI) AND USGS QUAD MAP REQUIREMENT

ATTACH A CONSTRUCTION SWPPP THAT INCLUDES THE M OF THE CONSTRUCTION PERMIT.	INIMUM COMPONENTS FOU	ND IN PART III.C.
INDICATE ANY ASSOCIATION OR GENERIC SWPPP – ADDITIO AND SEDIMENT CONTROLS LOCATED ON THE PROJECT SITE MAP. FOR I PROVIDE DRAWINGS OF TYPICAL CONTROLS USED (SEE PERMIT):	NALLY ATTACH SITE MAP WITH A INEAR PROJECTS (ROAD AND PIPE	PROPRIATE EROSION LINE PROJECTS)
See Attachments		
ATTACH A USGS QUAD MAP OR COPY OF QUAD MAP EXTENTHE SITE'S PROPERTY BOUNDRY OUTLINING THE SITE LOOFFICE OF GEOLOGY: 601-961-5523).	NDING AT LEAST ONE-HALF CATION. (QUAD MAPS CAN BE O	OF A MILE BEYONI Grained from the
IF A COPY IS SUBMITTED PROVIDE THE NAME OF THE QUA Topeka Quadrangle	D MAP (FOUND IN UPPER RIGHT	HAND CORNER OF MAP)
UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WE QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATION MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION, THE INFORMATION OF THE INFORMA	ATED THE INFORMATION SU THE SYSTEM, OR THOSE P TORMATION SUBMITTED IS, LETE. I AM AWARE THAT T	BMITTED. BASED. RSONS DIRECTLY TO THE BEST OF HERE ARE
Signature <sup>1</sup> (Must be signed by operator when different than owner)	Date Signed	_
Printed Name <sup>1</sup>	Title	_
This application shall be signed according to the General Permit, Part  For a corporation, by a responsible corporate officer.	V.E., as follows:	

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.

Duly Authorized Representative.

#### PRIME CONTRACTOR CERTIFICATION

The prime contractor, if different from original applicant, will take responsibility for permit compliance by filing the contractor has already completed, signed, and submitting this certification to MDEQ, the prime contractor accepts full responsibility for permit compliance and meeting all permit conditions. Otherwise the initial applicant (applicant who filed pages 1, 2, 3 and 4 of the CNOI) is solely responsible for permit compliance. 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 permit.

	OR INFORMATION	PRIME CONTRAC
MBER:	PHON	NTRACTOR CONTACT PERSON:
		NTRACTOR COMPANY:
-		NTRACTOR STREET (P.O. BOX):
ZIF:	STATE:	NTRACTOR CITY:
	ORMATION	OWNER II
(601) 587-8032	PHONE NUM	ONTACT PERSON: Alex Russell
		OMPANY NAME: Alex Russell
	FORMATION	PROJECT I
0		PROJECT I
	VERAGE NUMBER: MS	CTION STORM WATER GENERAL PERMIT
	VERAGE NUMBER: MS	CTION STORM WATER GENERAL PERMIT
	VERAGE NUMBER: MS	CTION STORM WATER GENERAL PERMIT
	VERAGE NUMBER: MS	CTION STORM WATER GENERAL PERMIT NAME: Alex Russell ION OF CONSTRUCTION ACTIVITY:
	VERAGE NUMBER: MS	CTION STORM WATER GENERAL PERMIT NAME: Alex Russell ION OF CONSTRUCTION ACTIVITY: g and Shaping SITE ADDRESS (IF NOT AVAILABLE INDICATE 1

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 MAN GE 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.

PHTnick

Title

<sup>6</sup>This application shall be signed according to the General Permit, Part V.E., 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.

- Duly Anthorized Representative.