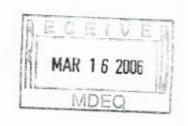
AI#20356 GnP20060001





MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI)

FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 3504

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction Storm Water General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities that are part of a larger common plan of development or sale that will disturb five (5) or more acres. Applicant must be 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 several responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

File at least thirty (30) days prior to the commencement of construction, fifteen (15) days if a Storm Water Pollution Prevention Plan (SWPPP) is already on file. <u>Discharge of storm water from a "large" construction site without written notification of coverage is a violation of state law.</u>

Submittals with this LCNOI must include:

- A Storm Water Pollution Prevention Plan as described in the Large Construction Storm Water General Permit
- A USGS quad map or a copy showing site location

Additional submittals may include the following if applicable:

- Appropriate Section 404 documentation
- Appropriate sanitary sewage collection and disposal documentation
- · Appropriate dam construction and low flow requirement documentation

ALL INFOMATION MUST BE COMPLETE Put "NA" if the not applicable)

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

OWNER INFORMATION OWNER CONTACT PERSON: PAUL ALANIS OWNER COMPANY NAME: SILVER SLIPPER CASINO VENTURE, LLC OWNER STREET OR P.O. BOX: 5000 SOUTH BEACH BOULEVARD OWNER CITY: BAY ST. LOUIS STATE: MS ZIP: 39520 OWNER PHONE # (INCLUDE AREA CODE): (228) 463-1110

PRIME CONTRACTOR INFORMATION

RIME CONTRACTOR COMPANY: BOGGS & POOLE CO	ONTRACTING GROUP	
RIME CONTRACTOR STREET OR P.O. BOX: 810 TIPTO	N	
RIME CONTRACTOR CITY: BOSSIER CITY	STATE: LA	ZIP: 7111

	PROJECT INFORMATION
PROJECT NAME: SILVER SLIPPE	ER CASINO
TOTAL ACREAGE THAT WILL E disturbed area must be five (5) acres development or sale that will disturb	BE DISTURBED ¹ (To be covered by the Large Construction General Permit the or greater; or land disturbing activities that are part of a larger common plan of five (5) acres or greater.) 8.0 ACRES
IS THIS PART OF A LARGER CO	MMON PLAN OF DEVELOPMENT (Yes or No)? NO
IF YES, NAME OF LARGER COM	MON PLAN OF DEVELOPMENT: N/A
	AND PERMIT COVERAGE NUMBER:
DESCRIPTION OF CONSTRUCTI	ON ACTIVITY: INSTALLATION OF SUBSURFACE DRAINAGE & UTILITIES,
	OT AND CASINO FACILITY CONSTRUCTION
PROPOSED DESCRIPTION OF PR standard industrial classification cod	ROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED (include de (SIC) if known): SIC Code
PROPOSED DESCRIPTION OF PI standard industrial classification cod	sphysical address is not available indicate the nearest named road. For linear project
PROPOSED DESCRIPTION OF PE standard industrial classification cod PHYSICAL SITE ADDRESS (If the indicate the beginning of the project	sphysical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.)
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PROPOSED DESCRIPTION OF PE standard industrial classification code PHYSICAL SITE ADDRESS (If the indicate the beginning of the project STREET: 5000 SOUTH BEACH B	sphysical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.)
PROPOSED DESCRIPTION OF PE standard industrial classification code PHYSICAL SITE ADDRESS (If the indicate the beginning of the project STREET: 5000 SOUTH BEACH B CITY: BAY ST. LOUIS	sphysical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.) OULEVARD COUNTY: HANCOCK
PROPOSED DESCRIPTION OF PERSON AND AND AND AND AND AND AND AND AND AN	sphysical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.) OULEVARD COUNTY: HANCOCK LONGITUDE (Optional):
PROPOSED DESCRIPTION OF PE standard industrial classification coor PHYSICAL SITE ADDRESS (If the indicate the beginning of the project STREET: 5000 SOUTH BEACH B CITY: BAY ST. LOUIS ZIP: 39520 LATITUDE (Optional):	sic Code sphysical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.) OULEVARD COUNTY: HANCOCK LONGITUDE (Optional): T & LONG (GPS (Please GPS Construction Entrance) or Map Interpolation): N/A
PROPOSED DESCRIPTION OF PESTANDARD INDUSTRIAL SITE ADDRESS (If the indicate the beginning of the project STREET: 5000 SOUTH BEACH BE	sphysical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.) OULEVARD COUNTY: HANCOCK LONGITUDE (Optional):

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 THIS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS (Yes or No)? YES
IF YES, CIRCLE WHICH ONE(S): AIR, HAZARDOUS WASTE, PRETREATMENT, WATER STATE OPERATING
INDIVIDUAL NPDES, OTHER: WATER QUALITY CERTIFICATION OPC99-00188
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND (Yes or No)? YES (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 WITH THIS LCNOI 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 A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED (Yes or No)? NO
IF YES, PROVIDE APPROPRIATE APPROVAL DOCUMENTATION FROM MDEQ OFFICE OF LAND AND WATER, DAM SAFETY.
IF THE PROJECT IS A SUBDIVISION, INDUSTRIAL PARK, OR LARGE APARTMENT COMPLEX, HOW WILL SANITARY SEWAGE BE DISPOSED? Circle 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. If the plans and specifications can not be provided at the time of LCNOI submittal, the 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 the MDEQ or indicate the date the application was submitted to the 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 professions engineer that the platted lots should support individual onsite wastewater disposal systems.
4. <u>Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots.</u> A determination of the feasibility of installing a central sewage collection and treatment system must be made by the MDEQ. A copy of the response from the 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 WITH WHICH THE PROJECT MUST COMPLY:
N/A

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

ATTACH A CONSTRUCTION SWPPP THAT INCLUDES THE MINIMUM COMPONENTS FOUND IN THE LARG CONSTRUCTION STORM WATER GENERAL PERMIT.				
INDICATE ANY ASSOCIATION OR GENERIC SWPPP (In addition, attach a site map with the appropriate erosion and sediment controls identified. For linear projects such as roads and pipelines provide drawings of typical controls:				
N/A				
THE SITE'S PROPERTY BOUNDR	COPY OF QUAD MAP EXTENDING AT LEAST 1/2 MILE BEYOND LY OUTLINING THE SITE LOCATION (Quad maps can be obtained from MDEQ F A COPY IS SUBMITTED PROVIDE THE NAME OF THE QUAD MAP (found in			
accordance with a system designed to a submitted. Based on my inquiry of the gathering the information, the informa	document and all attachments were prepared under my direction or supervision in ssure that qualified personnel properly gathered and evaluated the information person or persons who manage the system, or those persons directly responsible for tion submitted is, to the best of my knowledge and belief, true, accurate and complete. enalties for submitting false information, including the possibility of fine and			
Signature ¹ (Must be signed by operator	when different than owner) Date			
Printed Name ¹	Title			
¹ This application shall be signed as followed. For a corporation, by a responsible For a partnership, by a general partnership, by the partnership, by the partnership, by the partnership, by the partnership and partnership.	le corporate officer; artner;			
Please submit this LCNOI form to:	Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 10385 Jackson, Mississippi 39289-0385			

PRIME CONTRACTOR CERTIFICATION

By completing and submitting this form to the 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) and (2) has 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 several 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

TRIME CONTRACT	OKINORMATION
PRIME CONTRACTOR CONTACT PERSON: MARCUS M	cCALMAN PHONE NUMBER: (318) 747-3322
PRIME CONTRACTOR COMPANY: BOGGS & POOLE CO	ONTRACTING GROUP
PRIME CONTRACTOR STREET OR P.O. BOX: 810 TIPTO	DN
PRIME CONTRACTOR CITY: BOSSIER CITY	STATE: LA ZIP: 7111
OWNER IN	FORMATION
OWNER CONTACT PERSON: PAUL ALANIS	PHONE NUMBER: (228) 463-1110
OWNER COMPANY NAME: SILVER SLIPPER CASINO VI	
PROJECT IN	FORMATION
CONSTRUCTION STORM WATER GENERAL PERMIT COMMENTS	OVERAGE NUMBER (Found on Certificate of Coverage):
PROJECT NAME: SILVER SLIPPER CASINO	
DESCRIPTION OF CONSTRUCTION ACTIVITY: INSTAL	LATION OF SUBSURFACE UTILITIES AND DRAINAGE,
SITE GRADING, AND PARKING LOT AND CASINO FACIL	ITY CONSTRUCTION
PHYSICAL SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the	ailable indicate the nearest named road. For linear projects, he project traverses.)
STREET: 5000 SOUTH BEACH BOULEVARD	
CITY: BAY ST. LOUIS COUNTY:	HANCOCK
I certify that I am the prime contractor for this project and will comp NPDES permit. I further certify under penalty of law that this docum supervision in accordance with a system designed to assure that quali submitted. Based on my inquiry of the person or persons who manag information, the information submitted is, to the best of my knowledg significant penalties for submitting false information, including the position of the penalties for submitting false information, including the position of the penalties for submitting false information, including the position of the penalties for submitting false information, including the position of the penalties for submitting false information.	fied personnel properly gathered and evaluated the information the the system, or those persons directly responsible for gathering the te and belief, true, accurate and complete. I am aware that there are
Prime Contractor Signature ¹	Date
Printed Name ¹	Title
¹ 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; Duly Authorized Representative.	This Prime Contractor Certification form shall be submitted to: Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 10385 Jackson, Mississippi 39289-0385