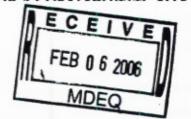
Gn P20060001





CONSTRUCTION NOTICE OF INTENT (CNOI)
FOR COVERAGE UNDER CONSTRUCTION STORM WATER
GENERAL NPDES PERMIT MSR10 中200 MAY 4

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF CONSTRUCTION;
15 DAYS IF A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) IS ALREADY ON FILE DEQ
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 COPY) 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 ORDINANCES (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 REQUIREMENTS.

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 PRIME 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: 4000	IARD HAMMONS	
OWNER COMPANY NAME:	128 HAMMONS	
OWNER STREET (P.O. BOX): 9736	1 HWY 501	
OWNER CITY: FOREST	STATE: MS	ZIP: 39074
OWNER PHONE # (INCLUDE AREA CO	DE):	

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### PROJECT INFORMATION

PROJECT NAME: HOWARD HAMMONS
DESCRIPTION OF CONSTRUCTION ACTIVITY: PROLOSED TO CONSTRUCT 4 BOILER
HOUSES (50'X 500') ON PROPOSETS SITE.
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED (INCLUDE STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) IF KNOWN): 6/24/25   SIC Code
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAL SCR 539  STREET: 9730 HWY 501  CITY: FORFST, MS, COUNTY: SMITH Drysical Scr
CITY: FOREST, MS COUNTY: SMITH Physical -
Ngcs - Should
NEA be PAleigh EAM: ICHUSA CREEK
ARE FOR HOUSEON REATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN 1/2  MILE DOWNSTREAM OF PROJECT BOUNDRY?
TOTAL ACREAGE THAT WILL BE DISTURBED <sup>1</sup> :
EST. START DATE: 20 FEB 06 EST. COMPLETION DATE: 20 MAY 06
TYPE SOIL ON SITE: F5L

<sup>&</sup>lt;sup>1</sup>Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. 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)? If so circle which one(s): AIR, HAZARDOUS WASTE, PRETREATMENT, STATE OPERATING, INDIVIDUAL NPDES, CORPS OF ENGINEERS SECTION 404 (If so, provide appropriate documentation from the Corps), other(s):	-
IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED (Yes or No)?  IF SO, PROVIDE APPROPRIATE APPROVAL DOCUMENTATION FROM MDEQ, OFFICE OF LAND AND WATDAM SAFETY.	TER
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.	
<ol> <li>Existing Municipal or Commercial System. Please attach a copy of the letter from MDEQ that the plans and specifications for the collection system have been submitted and approved.</li> </ol>	
2. 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:	)
3. Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the L of General Acceptance from the Mississippi State Department of Health or certification from a registered profess engineer that the platted lots should support individual onsite wastewater disposal systems.	etter sion:
4. 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 s is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Healt certification from a registered professional engineer that the platted lots should support individual onsite wastew disposal systems.	yster h or
IF THE PROJECT IS NOT ONE OF THE ABOVE, HOW WILL SANITARY SEWAGE BE DISPOSED?	
INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY AND SUBMIT ANY DOCUMENTATION OF APPROVAL. (APPROVED PLANS WILL RECEIVE EXPEDITED REVIE	:w):
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## STORM WATER POLLUTION PREVENTION PLAN (SWPPP) AND USGS QUAD MAP REQUIREMENT

ATTACH A CONSTRUCTION SWPPP THAT INCLUDES THE MOF THE CONSTRUCTION PERMIT.	INIMUM COMPONENTS FOUND IN PART III.C.
INDICATE ANY ASSOCIATION OR GENERIC SWPPP – ADDITIONAL SEDIMENT CONTROLS LOCATED ON THE PROJECT SITE MAP. FOR PROVIDE DRAWINGS OF TYPICAL CONTROLS USED (SEE PERMIT):	ONALLY ATTACH SITE MAP WITH APPROPRIATE EROSION LINEAR PROJECTS (ROAD AND PIPELINE PROJECTS)
ATTACH A USGS QUAD MAP OR COPY OF QUAD MAP EXTER THE SITE'S PROPERTY BOUNDRY OUTLINING THE SITE LO OFFICE OF GEOLOGY: 601-961-5523).	NDING AT LEAST ONE-HALF OF A MILE BEYOND CATION. (QUAD MAPS CAN BE OBTAINED FROM THE
IF A COPY IS SUBMITTED PROVIDE THE NAME OF THE QUA	AD MAP (FOUND IN UPPER RIGHT HAND CORNER OF MAP)
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT 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	TTH A SYSTEM DESIGNED TO ASSURE THAT ATED THE INFORMATION SUBMITTED. BASED E THE SYSTEM, OR THOSE PERSONS DIRECTLY FORMATION SUBMITTED IS, TO THE BEST OF LETE. I AM AWARE THAT THERE ARE
Signature (Must be signed by operator when different than owner)	Date Signed
HOW ARD HAMMONS	Date Signed
Printed Name	Title

<sup>1</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 Authorized Representative.

## PRIME CONTRACTOR CERTIFICATION

The prime contractor, if different from original applicant, will take responsibility for permit compliance by filing this certification prior to the commencement of construction. This certification is unnecessary when the prime contractor has already completed, signed, and to submitted pages 1, 2, 3 and 4 of the CNOL. By completing and submitting this certification to MDEQ, the prime contractor accepts full to 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 has 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:
OWNER IN	FORMATION	
OWNER CONTACT PERSON:	PHONE NUM	BER:
OWNER COMPANY NAME:		
PROJECT IN	FORMATION	
CONSTRUCTION STORM WATER GENERAL PERMIT CO		R10
PROJECT NAME: DESCRIPTION OF CONSTRUCTION ACTIVITY:		
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE BEGINNING OF PROJECT. IN ADDITION, IDENTIFY ALL COUNTIES T	NEAREST NAMED ROAD - FOR LE	NEAR PROJECTS INDICATE
STREET:		
CITY:, COUNTY:		
I CERTIFY THAT I AM THE PRIME CONTRACTOR FOR TREQUIREMENTS IN THE ABOVE REFERENCED GENERAL I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND AIR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSUBLIT THE INFORMATION SUBMITTED. BASED ON MY INQUIT THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INMY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. IS SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF	LL ATTACHMENTS WERE PREPAR IRE THAT QUALIFIED PERSONNE RY OF THE PERSON OR PERSONS FORMATION, THE INFORMATION AM AWARE THAT THERE ARE SI	LED UNDER MY DIRECTION OR L PROPERLY GATHERED AND WHO MANAGE THE SYSTEM, OI SUBMITTED IS, TO THE BEST O GNIFICANT PENALTIES FOR
Prime Contractor Signature	Date Signed	<del></del>
Printed Name <sup>1</sup>	Title	
This application shall be signed according to the General Permit, Part V.E., as:  For a corporation, by a responsible corporate officer.  For a partnership, by a general partner.  For a sole proprietorship, by the proprietor.	follows:	

For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official. Duly Authorized Representative.