





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

FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 半24g

(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"</u> construction site without written notification of coverage is a violation of state law.

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 COMPLETED ut "NA" if the not applicable)

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

OWNER INFORMATION

OWNER CONTACT PERSON: RON WINKLER		
OWNER COMPANY NAME: RIVER TRACE LLC		
OWNER STREET OR P.O. BOX: 3560 HILLSDALE		
OWNER CITY: OLIVE BRANCH	STATE: MS	ZIP: 38654

PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR COMPANY: RIVER TRACE LLC		
PRIME CONTRACTOR STREET OR P.O. BOX: 3560 HILLS	SDALE	
PRIME CONTRACTOR CITY: OLIVE BRANCH	STATE: MS	ZIP: 38654
PRIME CONTRACTOR CITY: OLIVE BRANCH PRIME CONTRACTOR PHONE # (INCLUDE AREA CODE)		ZIP: 386

PROJECT INFORMATION

	PROJECT INFORMATION
PROJECT NAME: SHADY RIDGE	AT RIVER TRACE
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.) YES
IS THIS PART OF A LARGER CO.	MMON PLAN OF DEVELOPMENT (Yes or No)? YES
IF YES, NAME OF LARGER COM	MON PLAN OF DEVELOPMENT: SHADY RIDGE AT RIVER TRACE
	AND PERMIT COVERAGE NUMBER:
DESCRIPTION OF CONSTRUCTION	ON ACTIVITY: CONSTRUCTION OF A SUBDVISION
THE COURT PROCESS INC.	OPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED (include
standard industrial classification cod	HESIDENTIAL
PHYSICAL SITE ADDRESS (If the indicate the beginning of the project	physical address is not available indicate the nearest named road. For linear projects, and identify all counties the project traverses.)
PHYSICAL SITE ADDRESS (If the indicate the beginning of the project street:	physical address is not available indicate the nearest named road. For linear projects and identify all counties the project traverses.)
PHYSICAL SITE ADDRESS (If the indicate the beginning of the project street:	physical address is not available indicate the nearest named road. For linear projects and identify all counties the project traverses.)
PHYSICAL SITE ADDRESS (If the indicate the beginning of the project street: CITY: UKA ZIP: 38852	physical address is not available indicate the nearest named road. For linear projects and identify all counties the project traverses.) COUNTY: TISHOMINGO
PHYSICAL SITE ADDRESS (If the indicate the beginning of the project street: CITY: UKA ZIP: 38852 LATITUDE (Optional):	physical address is not available indicate the nearest named road. For linear projects and identify all counties the project traverses.) COUNTY: TISHOMINGO LONGITUDE (Optional):
PHYSICAL SITE ADDRESS (If the indicate the beginning of the project a STREET: CITY: UKA ZIP: 38852 LATITUDE (Optional): METHOD USED TO DETERMINE LAT	physical address is not available indicate the nearest named road. For linear projects and identify all counties the project traverses.) COUNTY: TISHOMINGO LONGITUDE (Optional): **E LONG (GPS (Please GPS Construction Entrance) or Map Interpolation):
PHYSICAL SITE ADDRESS (If the indicate the beginning of the project a STREET: CITY: UKA ZIP: 38852 LATITUDE (Optional): METHOD USED TO DETERMINE LATIVE NEAREST NAMED RECEIVING STARE THERE RECREATIONAL STA	physical address is not available indicate the nearest named road. For linear projects and identify all counties the project traverses.) COUNTY: TISHOMINGO LONGITUDE (Optional):
PHYSICAL SITE ADDRESS (If the indicate the beginning of the project is STREET:	physical address is not available indicate the nearest named road. For linear projects, and identify all counties the project traverses.) COUNTY: TISHOMINGO LONGITUDE (Optional): SIC Code COUNTY: TISHOMINGO LONGITUDE (Optional): REAMS: PICKWICK LAKE REAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE

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

IF YES, CIRCLE WHICH ONE(S): AIR, HAZARDOUS WASTE, PRETREATMENT, WATER STATE OPERATING, INDIVIDUAL NPDES, OTHER:
IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND (Yes or No)? NO (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)? 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 professional engineer that the platted lots should support individual onsite wastewater disposal systems.
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 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:

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 willment 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 whate 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: RON WINKLER	PHONE NUMBER: () 662.895.423
PRIME CONTRACTOR COMPANY: RIVER TRACE LLC	
PRIME CONTRACTOR STREET OR P.O. BOX: 3560 HILLSDALE	
PRIME CONTRACTOR CITY: OLIVE BRANCH	STATE: MS ZIP: 38654
OWNER INFORM	IATION
OWNER CONTACT PERSON: RON WINKLER	PHONE NUMBER: () 662-895-4232
OWNER COMPANY NAME: RIVER TRACE LLC	
PROJECT INFORM	MATION
CONSTRUCTION STORM WATER GENERAL PERMIT COVERA MSR10	GE NUMBER (Found on Certificate of Coverage):
PROJECT NAME:	
DESCRIPTION OF CONSTRUCTION ACTIVITY:	
PHYSICAL SITE ADDRESS (If the physical address is not available in indicate the beginning of the project and identify all counties are all the project and identify all counties are all the project and identify all counties are all the project and identify all the project and identification all the project all the project all the project all the proje	ct traverses.)
ITY:COUNTY:	
certify that I am the prime contractor for this project and will comply with a NPDES permit. I further certify under penalty of law that this document and supervision in accordance with a system designed to assure that qualified personabilitied. Based on my inquiry of the person or persons who manage the system formation, the information submitted is, to the best of my knowledge and belongisticant penalties for submitting false information, including the possibility of the Contractor Signature. Prime Contractor Signature.	much properly gathered and evaluated the information em, or those persons directly responsible for gathering the lef, true, accurate and complete. I am aware that there are
This application shall be signed as follows:	me Contractor Certification form shall be submitted to:
For a corporation, by a responsible corporate officer;	The state of the s

- For a partnership, by a general partner:
 For a sole proprietorship, by the proprietor:
 For a manifold, shale or other public facility, by principal executive efficer, mayor, or ranking elected official;
- Duly Anthorized Representative.

MS Department of Environmental Quality, Office of Politition Control P.O. Box 10385 Jackson, Mississippi 39289-0385