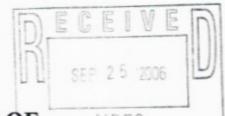
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### MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10 4 335

(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. Discharge of storm water from a "large" 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: Mr. Rodney Lincoln OWNER COMPANY NAME: City of Starkville c/o Raspet Flight Research Laboratory OWNER STREET OR P.O. BOX: 114 Airport Road ZIP: 39759 OWNER CITY: Starkville STATE: MS OWNER PHONE # (INCLUDE AREA CODE): 662-418-5900

## PRIME CONTRACTOR INFORMATION

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7	
STATE: MS	ZIP: 38935

#### PROJECT INFORMATION

	to to Comment Description
PROJECT NAME: Improveme	nts to George M. Bryan Field
TOTAL ACREAGE THAT WI disturbed area must be five (5) a development or sale that will dis	LL BE DISTURBED¹ (To be covered by the Large Construction General Permit the acres or greater; or land disturbing activities that are part of a larger common plan of sturb five (5) acres or greater.)  8.1 acres
IS THIS PART OF A LARGER	COMMON PLAN OF DEVELOPMENT (Yes or No)? No
IF YES, NAME OF LARGER (	COMMON PLAN OF DEVELOPMENT: N/A
	AND PERMIT COVERAGE NUMBER: N/A
DESCRIPTION OF CONSTRU	CTION ACTIVITY: Extension of parallel taxiway and lighting improvements
PROPOSED DESCRIPTION O	F PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED (include
standard industrial classification	Taxiway for aircraft traffic  SIC Code
PHYSICAL SITE ADDRESS (I	Taxiway for aircraft traffic
PHYSICAL SITE ADDRESS (I indicate the beginning of the pro	f the physical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.)
PHYSICAL SITE ADDRESS (I indicate the beginning of the prostreet: Airport Road CITY: Starkville	SIC Code  If the physical address is not available indicate the nearest named road. For linear project
PHYSICAL SITE ADDRESS (I indicate the beginning of the pro STREET: Airport Road CITY: Starkville ZIP: 39759	SIC Code  If the physical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.)  COUNTY: Oktibbeha
PHYSICAL SITE ADDRESS (I indicate the beginning of the prostreet: Airport Road  CITY: Starkville  ZIP: 39759  LATITUDE (Optional): 33D 25	If the physical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.)  COUNTY: Oktibbeha  LONGITUDE (Optional): 88D 50M 50S WEST
PHYSICAL SITE ADDRESS (I indicate the beginning of the prostreet: Airport Road  CITY: Starkville  ZIP: 39759  LATITUDE (Optional): 33D 25  METHOD USED TO DETERMIN	If the physical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.)  COUNTY: Oktibbeha  EM 35S NORTH LONGITUDE (Optional): 88D 50M 50S WEST  E LAT & LONG (GPS (Please GPS Construction Entrance) or Map Interpolation): Map Interpolation
PHYSICAL SITE ADDRESS (I indicate the beginning of the prostruction of the prostructio	If the physical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.)  COUNTY: Oktibbeha  EM 35S NORTH LONGITUDE (Optional): 88D 50M 50S WEST  E LAT & LONG (GPS (Please GPS Construction Entrance) or Map Interpolation): Map Interpolation
indicate the beginning of the prostreet: Airport Road  CITY: Starkville  ZIP: 39759  LATITUDE (Optional): 33D 28  METHOD USED TO DETERMININEAREST NAMED RECEIVE  ARE THERE RECREATIONA DOWNSTREAM OF PROJECTACTIVITY?	SIC Code  f the physical address is not available indicate the nearest named road. For linear project and identify all counties the project traverses.)  COUNTY: Oktibbeha  COUNTY: Oktibbeha  ELAT & LONG (GPS (Please GPS Construction Entrance) or Map Interpolation): Map Interpolation  NG STREAM: Glen Creek  L STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE

<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

# 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)? No
IF YES, CIRCLE WHICH ONE(S): AIR, HAZARDOUS WASTE, PRETREATMENT, WATER STATE OPERATING, INDIVIDUAL NPDES, OTHER: ${N/A}$
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:
<ul> <li>The project has been approved by individual permit, or</li> </ul>
<ul> <li>The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or</li> </ul>
<ul> <li>The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required</li> </ul>
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.
<ol> <li>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.</li> </ol>
<ol> <li>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:</li> </ol>
3. 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. <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:

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

ATTACH A CONSTRUCTION SWP CONSTRUCTION STORM WATER	PPP THAT INCLUDES THE M GENERAL PERMIT.	IINIMUM COMPONENTS FOUND IN THE LARGE
INDICATE ANY ASSOCIATION Of sediment controls identified. For line	R GENERIC SWPPP (In additi ar projects such as roads and p	on, attach a site map with the appropriate erosion and ipelines provide drawings of typical controls:
THE SITE'S PROPERTY BOUNDRY	Y OUTLINING THE SITE LO	NDING AT LEAST 1/2 MILE BEYOND CATION (Quad maps can be obtained from MDEQ ROVIDE THE NAME OF THE QUAD MAP (found in
accordance with a system designed to as submitted. Based on my inquiry of the gathering the information, the informat	ssure that qualified personnel p person or persons who manage ion submitted is, to the best of t	rere prepared under my direction or supervision in roperly gathered and evaluated the information the system, or those persons directly responsible for my knowledge and belief, true, accurate and complete rmation, including the possibility of fine and
Signature (Must be signed by operator	when different then owners	9-19-06
Andy Holliday ANDY HOL	UDAY_	Vice-President Title
<sup>1</sup> This application shall be signed as follo - For a corporation, by a responsible - For a partnership, by a general par - For a sole proprietorship, by the pr - For a municipal, state or other pub - Duly Authorized Representative.	e corporate officer; rtner; roprietor:	ive officer, mayor, or ranking elected official;
Please submit this LCNOI form to:	Chief, Environmental Pern MS Department of Environ P.O. Box 10385 Jackson, Mississippi 39289-	mental Quality, Office of Pollution Control

# 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 owners) of the property and the plant and several regulations and repulsively have plant 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

THINE CONTRACTOR	IN ORMATION
PRIME CONTRACTOR CONTACT PERSON: Chad Carter	PHONE NUMBER: (662) 455-6111
PRIME CONTRACTOR COMPANY: Malouf Construction, LLC	
PRIME CONTRACTOR STREET OR P.O. BOX: PO Box 1177	
	STATE: MSZIP: 38935
OWNER INFOR	MATION
OWNER CONTACT PERSON: Mr. Rodney Lincoln	PHONE NUMBER: (662) 418-5900
OWNER COMPANY NAME: City of Starkville, c/o Raspet Flight F	Research Laboratory
PROJECT INFOR	MATION
CONSTRUCTION STORM WATER GENERAL PERMIT COVER MSR10	AGE NUMBER (Found on Certificate of Coverage):
PROJECT NAME: Improvements to George M. Bryan Field	
DESCRIPTION OF CONSTRUCTION ACTIVITY: Extension of p	parallel taxiway and lighting improvements
PHYSICAL SITE ADDRESS (If the physical address is not available indicate the beginning of the project and identify all counties the project.	indicate the nearest named road. For linear projects, ject traverses.)
STREET: Airport Road  CITY: Starkville COUNTY: Oktible	haha
COUNTY: OKUM	bella
I certify that I am the prime contractor for this project and will comply with NPDES permit. I further certify under penalty of law that this document am supervision in accordance with a system designed to assure that qualified per submitted. Based on my inquiry of the person or persons who manage the sy information, the information submitted is, to the best of my knowledge and be significant penalties for submitting false information, including the possibility.	d all attachments were prepared under my direction or resonnel properly gathered and evaluated the information estem, or those persons directly responsible for gathering the belief, true, accurate and complete. I am aware that there are
Prime Contractor Signature	Date
Andy Holliday ANN HOLLIDAY	Vice-President
Printed Name	Title
This application shall be signed as follows:  - For a corporation, by a responsible corporate officer;	Prime Contractor Certification form shall be submitted to:
To a corporation, by a responsible corporate officer,	Chi d Pari and I Pari de Piri de

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.

hief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 10385 Jackson, Mississippi 39289-0385