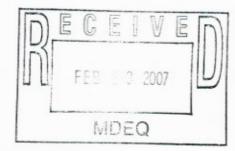
AI#13165 5 GnP20070001





MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) CONSTRUCTION NOTICE OF INTENT (CNOI)

FOR COVERAGE UNDER LARGE CONSTRUCTION STORM WATER

GENERAL NPDES PERMIT MSR10 4 5 2 6

INSTRUCTIONS

Applicant must be owner or 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 construction site without written notification of coverage is a violation of state law.

Submittals with this CNOI include:

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

Additional submittals may include the following if applicable:

- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- Appropriate documentation from Health Department and/or MDEQ Office of Pollution Control (OPC) concerning future disposal of sanitary sewage and sewage collection system construction
- Appropriate documentation from MDEQ Office of Land & Water, concerning dam construction and low flow requirements

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 COMPANY NAME: City of Pass Christian | | - |
|--|-----------|------------|
| OWNER STREET OR P.O. BOX: P. O. Drawer368 | | |
| OWNER CITY: Pass Christian | STATE: MS | ZIP: 39571 |

PRIME CONTRACTOR INFORMATION

| PRIME CONTRACTOR CONTACT PERSON: N/A (until co | ontract awarded) | |
|--|---|---|
| PRIME CONTRACTOR COMPANY: N/A | | |
| PRIME CONTRACTOR STREET OR P.O. BOX: | | |
| PRIME CONTRACTOR CITY: | STATE: | ZIP: |
| PRIME CONTRACTOR PHONE # (INCLUDE AREA COD) | E): | |
| PROJECT IN | FORMATION | |
| PROJECT NAME: Water, Sewer & Drainage Replacement | t, Scenic Dr./Hwy 90, Phase I | |
| TOTAL ACREAGE THAT WILL BE DISTURBED ¹ (To be disturbed area must be five (5) acres or greater or part of a la (5) acres or greater.): 7.5 | rger common plan of developm | ent or sale that will disturb five |
| DESCRIPTION OF CONSTRUCTION ACTIVITY: The co | | |
| and 11467' of sewer main, and 4191 feet of storm drain lo | ng with related manholes, fire | hydrants,water valves, etc. |
| PROPOSED DESCRIPTION OF PROPERTY USE AFTER (standard industrial classification code (SIC) if known): | CONSTRUCTION HAS BEEN | COMPLETED (include |
| PROPOSED DESCRIPTION OF PROPERTY USE AFTER (standard industrial classification code (SIC) if known): All pr | operty will be returned to its na | atural state. |
| PROPOSED DESCRIPTION OF PROPERTY USE AFTER of standard industrial classification code (SIC) if known): All pr | operty will be returned to its na | COMPLETED (include atural state. |
| PROPOSED DESCRIPTION OF PROPERTY USE AFTER of standard industrial classification code (SIC) if known): All property of the physical address is not avoid indicate the beginning of the project and identify all counties to street: Scenic Drive | operty will be returned to its no | SIC Code |
| PHYSICAL SITE ADDRESS (If the physical address is not avindicate the beginning of the project and identify all counties to STREET: Scenic Drive | vailable indicate the nearest nar | SIC Code med road. For linear projects, |
| PHYSICAL SITE ADDRESS (If the physical address is not avindicate the beginning of the project and identify all counties to | vailable indicate the nearest nar | SIC Code med road. For linear projects, |
| PHYSICAL SITE ADDRESS (If the physical address is not avindicate the beginning of the project and identify all counties to STREET: Scenic Drive CITY: Pass Christian COUNTY: | vailable indicate the nearest narthe project traverses.) | SIC Code med road. For linear projects, |
| PHYSICAL SITE ADDRESS (If the physical address is not avindicate the beginning of the project and identify all counties to STREET: Scenic Drive CITY: Pass Christian COUNTY: ZIP: 39571 | vailable indicate the nearest narthe project traverses.) Harrison BLIC PONDS OR LAKES WIT | SIC Code med road. For linear projects, |

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 CNOI FOR A FACILITY THAT WILL R | EQUIRE OTHER PERMITS (Yes or No)? No |
|--|---|
| IF SO, CIRCLE WHICH ONE(S): AIR, HAZARD INDIVIDUAL NPDES, OTHER: | OUS WASTE, PRETREATMENT, STATE OPERATING, |
| THE U.S. ARMY CORPS OF ENGINEERS REGU REQUIREMENTS. IF THE PROJECT REQUIRE | R CROSSING A WATER CONVEYANCE OF ANY KIND, CONTACT LATORY BRANCH FOR POSSIBLE PERMITTING ES A CORPS OF ENGINEER SECTION 404 PERMIT PROVIDE E CORPS THAT THE PROJECT HAS BEEN APPROVED. |
| IS A LAKE REQUIRING THE CONSTRUCTION | OF A DAM BEING PROPOSED (Yes or No)? |
| DAM SAFETY. | OCUMENTATION FROM MDEQ OFFICE OF LAND AND WATER, |
| IF THE PROJECT IS A SUBDIVISION, INDUSTRI SANITARY SEWAGE BE DISPOSED? Circle one | RIAL PARK OR LARGE APARTMENT COMPLEX HOW WILL of the following and attach the pertinent documents. |
| associated "Information Regarding Proposed provided, at the time of CNOI submittal, MD | Please attach plans and specifications for the collection system and the Wastewater Projects" form. If the plans and specifications can not be EQ will accept written acknowledgement from official(s) responsible for flows generated from the proposed project can and will be transported to the estimated flow. |
| Collection and Treatment System will be Conpermit from MDEQ or indicate the date the a | structed. Please attach a copy of the cover of the NPDES discharge application was submitted to MDEQ (Date:) |
| of General Acceptance from the Mississippi S | ms for Subdivisions Less than 35 Lots. Please attach a copy of the Letter tate Department of Health or certification from a registered professional individual onsite wastewater disposal systems. |
| feasibility of installing a central sewage collect response from MDEQ concerning the feasibilities not feasible, then please attach a copy of the | ms for Subdivisions Greater than 35 Lots. A determination of the tion and treatment system must be made by MDEQ. A copy of the ity study must be attached. If a central collection and wastewater system a Letter of General Acceptance from the State Department of Health or gineer that the platted lots should support individual onsite wastewater |
| INDICATE ANY LOCAL STORM WATER ORDER SUBMIT ANY DOCUMENTATION OF APPROVA | NANCE WITH WHICH THE PROJECT MUST COMPLY AND AL: |
| N/A | |

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

| ATTACH A CONSTRUCTION SWPPP THAT INCLUDES THE M OF THE CONSTRUCTION PERMIT. | INIMUM COMPONENTS FOUND IN PART III.C. | | |
|--|--|--|--|
| | DICATE ANY ASSOCIATION OR GENERIC SWPPP (In addition, attach a site map with the appropriate erosion and diment controls identified. For linear projects [road and pipeline projects] provide drawings of typical controls used.): | | |
| Plan attached | , | | |
| ATTACH A USGS QUAD MAP OR COPY OF QUAD MAP EXTENTHE SITE'S PROPERTY BOUNDRY OUTLINING THE SITE LOO Office of Geology at 601-961-5523.) IF A COPY IS SUBMITTED PRupper right hand corner of map). | CATION (Quad maps can be obtained from MDEQ | | |
| Map attached | | | |
| accordance with a system designed to assure that qualified personnel possibilitied. Based on my inquiry of the person or persons who manage gathering the information, the information submitted is, to the best of n I am aware that there are significant penalties for submitting false informations. Signature (Must be signed by operator when different than owner) | the system, or those persons directly responsible for my knowledge and belief, true, accurate and complete. | | |
| Bob Escher, P.E. | Engineer | | |
| Printed Name ¹ | | | |
| A Hitted Paint | Title | | |

Please submit the CNOI form to: Chief, Environmental Permits Division

Duly Authorized Representative.

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 10385

Jackson, Mississippi 39289-0385

Revised August 21, 2003

PRIME CONTRACTOR CERTIFICATION

By completing and submitting this form to 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

| PRIME CONTRACTOR CONTACT PERSON: N/A | PHONE NUMBER: N/A |
|--|---|
| PRIME CONTRACTOR COMPANY: N/A (Until contract a | awarded) |
| PRIME CONTRACTOR STREET (P.O. BOX): | |
| PRIME CONTRACTOR CITY: | STATE:ZIP: |
| OWNER IN | FORMATION |
| OWNER CONTACT PERSON: Bob Escher, P.E. | PHONE NUMBER: 228-863-0667 |
| OWNER COMPANY NAME: City of Pass Christian | |
| PROJECT IN | NFORMATION |
| CONSTRUCTION STORM WATER GENERAL PERMIT (| COVERAGE NUMBER: MSR10 |
| PROJECT NAME: Water, Sewer & Drainage Replacement | |
| | |
| DESCRIPTION OF CONSTRUCTION ACTIVITY: The co and 11467° of sewer main, and 4191 feet of storm drain for | |
| | |
| PHYSICAL SITE ADDRESS (If the physical address is not av- indicate the beginning of the project and identify all counties to | vailable indicate the nearest named road. For linear projects, the project traverses.) |
| STREET: Scenic Drive | |
| CITY: Pass Christian COUNTY: | Harrison |
| permit. I further certify under penalty of law that this document and | e, accurate and complete. I am aware that there are significant |
| Prime Contractor Signature | Date Signed |
| Printed Name ¹ | Title |
| This application shall be signed according to the General Permit, Part V.E., | This Prime Contractors Certification form shall be submitted to: |
| 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. | Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Contr. P.O. Box 10385 Jackson, Mississippi 39289-0385 |