Permit # Permit #										// / / D =	O LICE ONLY	
The Mississippi Small Domestic Application covers non-municipal, small admestic discharges with no process wostewater discharging to Waters of the State. Per 40 CFR 122.2, "domestic sewage" includes waste and wastewater from humans or household operations that are discharged to or otherwise enter a treatment works. If applying as a business/corporation, please ensure the name matches the registration with the Mississippi Secretary of State. Type of permit action proposed in this application New	N/ic	ciccinni	Small De	D _C	(MDEQ USE ONLY)							
The Mississippi Small Domestic Application covers non-municipal, small domestic discharges with no process wastewater discharging to Waters of the State. Per 40 CFR 122.2, "domestic sewage" includes waste and wastewater from humans or household operations that are discharged to or otherwise enter a treatment works. If applying as a business/corporation, please ensure the name matches the registration with the Mississippi Secretary of State. Type of permit action proposed in this application New	IVIIS	ississippi small Domestic NPDES Application										
process wastewater discharging to Waters of the State. Per 40 CFR 122.2, "domestic sewage" includes waste and wastewater from humans or household operations that are discharged to or otherwise enter a treatment works. If applying as a business/corporation, please ensure the name matches the registration with the Mississippi Secretary of State. Type of permit action proposed in this application New Renewing Modifying Modifying If modifying, please describe the nature of the modification: If new, does this submittal include If new, What is the expected date of (ALL REQUIRED) Yes USGS Quad Map extending 1 mile beyond property boundary showing site location, discharge point, and any drinking water wells Yes Site map detailing location of proposed treatment system and distance to property lines Yes Anti-degradation study Facility name Applicant name (corporations/companies should list corporate/company name) Is the applicant the owner of facility Private Public Federal Public Other (describe) Nature of Business SIC or NAICS Code(s) Facility Contact Name (First and Last) Title Phone Number Email Address Facility Mailing Address Street or P.O. Box City or Town State ZIP code Facility Location	The M	ississinni Sr	nall Domestic	Annlica	ation covers	non-mun	icinal	smo			naraes with no	
waste and wastewater from humans or household operations that are discharged to or otherwise enter a treatment works. If applying as a business/corporation, please ensure the name matches the registration with the Mississippi Secretary of State Type of permit action proposed in this application New		, ,										
a treatment works. If applying as a business/corporation, please ensure the name matches the registration with the Mississippi Secretary of State. Type of permit action proposed in this application New	•											
Type of permit action proposed in this application New		,										
Type of permit action proposed in this application Rew												
If modifying, please describe the nature of the modification: If new, does this submittal include (ALL REQUIRED) If new, What is the expected date of (ALL REQUIRED) Commencement of Discharge												
If new, does this submittal include If new, What is the expected date of Commencement of Discharge	□ New				ewing			□ Modifying				
If new, does this submittal include If new, What is the expected date of Commencement of Discharge	7, 0											
Yes USGS Quad Map extending 1 mile beyond property boundary showing site location, discharge point, and any drinking water wells	-	· · · ·			•							
Yes USGS Quad Map extending 1 mile beyond property boundary showing site location, discharge point, and any drinking water wells	16	-1		1 -	16			41 -1	11 C			
USGS Quad Map extending 1 mile beyond property boundary showing site location, discharge point, and any drinking water wells Site map detailing location of proposed treatment system and distance to property lines Anti-degradation study Facility name Is the applicant name (corporations/companies should list corporate/company name) Is the applicant the owner of facility?			ubmittai inciu	iae					ate of			
point, and any drinking water wells Yes Site map detailing location of proposed treatment system and distance to property lines Yes Anti-degradation study	•		uad Man ayta	ndina 1		-			n chowi	na cita la	cation discharge	
Yes Site map detailing location of proposed treatment system and distance to property lines	□ 1E3									cution, discharge		
Facility name	□ Yes	·										
State Indicate the ownership status of the facility Private Public Public Other (describe)												
Applicant name (corporations/companies should list corporate/company name) Is the applicant the owner of facility?		,										
Is the applicant the owner of facility? No		, and and a										
Is the applicant the owner of facility? No												
Yes		Applicant	name (corpo	rations	/companies	should li	st cor	rpora	ate/com	pany nai	me)	
Yes												
Yes		Is the applicant the owner of facility?										
If no, describe - Indicate the ownership status of the facility Private Public Federal Public Other (describe)												
Name (First and Last) Title Phone Number	SS											
Name (First and Last) Title Phone Number	dre											
Name (First and Last) Title Phone Number	Ade											
Name (First and Last) Title Phone Number	ıng		ai Drubiic									
Name (First and Last) Title Phone Number	laili	ivature or business Sic or ivales code(s)										
Name (First and Last) Title Phone Number	2 ₽	Facility Courts at										
Email Address Facility Mailing Address Street or P.O. Box City or Town State ZIP code		•								Dhana Numban		
Facility Mailing Address Street or P.O. Box City or Town State ZIP code Facility Location	me	name (Fir:				ritie		Pnone Number				
Facility Mailing Address Street or P.O. Box City or Town State ZIP code Facility Location	Na	En ella di una										
Street or P.O. Box City or Town State ZIP code Facility Location		Ellidii Auuless										
Street or P.O. Box City or Town State ZIP code Facility Location												
Street or P.O. Box City or Town State ZIP code Facility Location		Facility Mailing Address										
Facility Location												
Facility Location												
Facility Location		City or Tov	City or Town				Stat		State		ZIP code	
		,										
		Facility Location										
County Name Is this facility located on Indian Lands? No	on	·										
County Name Is this facility located on Indian Lands? Yes No	cati											
☐ Yes ☐ No City or Town State ZIP code	LO	County Name				Is this facility located on Indian Lands?						
City or Town State ZIP code	lity					·						
	Faci	City or Town						State	?		ZIP code	

	Outfall Number (typically 001 for facilities w	ith								
	a single discharge point)									
	Name of Receiving Stream									
	Location of Discharge Point									
me:	Latitude o ' "	Longitude " "								
Sysi	Design Flow of treatment Facility									
ent 9	mgd									
atu	Treatment Technology									
Tre	□ Conventional Lagoon	□ Activate	ed Sludge							
pu	□ Aerated Lagoon	□ Other (d	lescribe)							
E a	Does this facility disinfect prior to discharge?									
Receiving Stream and Treatment System	□ Yes									
	If Yes, briefly describe method of disinfection -									
\sec	Is this discharge seasonal or intermittent?									
	□ Yes	□ <i>No</i>								
	If yes, please describe frequency/duration of discharge Is this facility requesting a waiver from reapplication testing? (IE – Data provided on Discharge									
	Monitoring Reports?)									
	□ Yes □ No (please complete page 3 - Testing)									
	Please list any other environmental permits	issued to tl	his facility							
	Certification Statement									
Certification	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false									
	information, including the possibility of fine and imprisonment for knowing violations.									
	Name (Print or type first and last name)	Title								
	Signature		Date Signed							

Please return completed form and necessary attachments to:

Mississippi Department of Environmental Quality Environmental Permits Division PO Box 2261 Jackson, MS 39225-2261