

Consistency

# JOINT APPLICATION AND NOTIFICATION

U.S. ARMY CORPS OF ENGINEERS

MISSISSIPPI DEPARTMENT OF MARINE RESOURCES

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY/OFFICE OF POLLUTION CONTROL

This form is to be used for proposed activities in waters of the United States in Mississippi and for the erection of structures on suitable sites for water dependent industry. Note that some items, as indicated, apply only to projects located in the coastal area of Hancock, Harrison and Jackson Counties.

1. Date  
10 24 2022  
month day year

2. Applicant name, mailing address, phone number and email address:  
Dr. Bart Edmiston  
Bartedmiston@gmail.com  
607 Rue Dauphine, Ocean Springs, MS 39564  
POC:Dr. Bart Edmiston 228-547-8375

Agent name, mailing address, phone number and email address:  
DANA SANDERS, JR.,  
D. R. SANDERS AND ASSOCIATES, INC.  
2305 Lewis Gate Drive, Gautier, MS  
E-MAIL: drsawet@bellsouth.net MS39553

3. Official use only  
COE \_\_\_\_\_  
DMR \_\_\_\_\_  
DEQ \_\_\_\_\_  
A95 \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_

## 4. Project location

Street Address Shriners Blvd/Oaklawn Drive City/Community Biloxi  
Name of Waterway Tchutacabouffa River Latitude 30.463410N Longitude (if known) 88.972509W  
Geographic location: Section 3 Township 7 S Range 7 W County Harrison

## 5. Project description

New work  Maintenance work

### Dredging

Channel length \_\_\_\_\_ width \_\_\_\_\_ existing depth \_\_\_\_\_ proposed depth \_\_\_\_\_  
 Canal length \_\_\_\_\_ width \_\_\_\_\_ existing depth \_\_\_\_\_ proposed depth \_\_\_\_\_  
 Boat Slip length \_\_\_\_\_ width \_\_\_\_\_ existing depth \_\_\_\_\_ proposed depth \_\_\_\_\_  
 Marina length \_\_\_\_\_ width \_\_\_\_\_ existing depth \_\_\_\_\_ proposed depth \_\_\_\_\_  
 Other-Mooring Basin length \_\_\_\_\_ width \_\_\_\_\_ existing depth \_\_\_\_\_ proposed depth \_\_\_\_\_

Cubic yards of material to be removed \_\_\_\_\_ Type of material \_\_\_\_\_

Location of spoil disposal area \_\_\_\_\_

Dimensions of spoil area \_\_\_\_\_ Method of excavation \_\_\_\_\_

How will excavated material be contained? \_\_\_\_\_

### Construction of structures

Bulkhead Total length \_\_\_\_\_ Height above water \_\_\_\_\_  
 Pier length \_\_\_\_\_ width \_\_\_\_\_ height \_\_\_\_\_  
 Boat Ramp length \_\_\_\_\_ width \_\_\_\_\_ slope \_\_\_\_\_  
 Boat House length \_\_\_\_\_ width \_\_\_\_\_ height \_\_\_\_\_

Structures on designed sites for water dependent industry (Coastal area only). Explain in item 11 or include as attachment.

Other (explain) \_\_\_\_\_

### Filling

Dimensions of fill area 14.40 ACRES

Cubic yards of fill 16,000 Type of fill Construction fill/Topsoil

Other regulated activities (i.e. Seismic exploration, burning or clearing of marsh) Explain.

N/A

**6. Additional information relating to the proposed activity**

Does project area contain any marsh vegetation? Yes \_\_\_\_\_ No

(If yes, explain) N/A

Is any portion of the activity for which authorization is sought now complete? Yes \_\_\_\_\_ No

(If yes, explain) \_\_\_\_\_

Month and year activity took place \_\_\_\_\_

If project is for maintenance work on existing structures or existing channels, describe legal authorization for the existing work. Provide permit number, dates or other form(s) of authorization. N/A

Has any agency denied approval for the activity described herein or for any activity that is directly related to the activity described herein?

Yes \_\_\_\_\_ No  (If yes, explain) \_\_\_\_\_

**7. Project schedule**

Proposed start date September 2023 Proposed completion date November 1, 2024

Expected completion date (or development timetable) for any projects dependent on the activity described herein. \_\_\_\_\_

**8. Estimated cost of the project NA**

**9. Describe the purpose of this project. Describe the relationship between this project and any secondary or future development the project is designed to support.** THE PURPOSE OF THIS PROJECT IS TO PROVIDE MEDICAL CARE FOR RESIDENCE OF THE SOUTHERN MISSISSIPPI REGION. CENTER WILL PROVIDE BASIC HEALTH CARE, SURGICAL SERVICES AND SPECIALIZED SERVICES. THE PROJECT CONSISTS OF MEDICAL BUILDINGS AND SUPPORTING BUILDINGS THAT WILL PROVIDE RESIDENCE POST OP LIVING AND FOOD OPPORTUNITIES.

Intended use: Private  Commercial \_\_\_\_\_ Public \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**10. Describe the public benefits of the proposed activity and of the projects dependent on the proposed activity.**

**Also describe the extent of public use of the proposed project.**

THE PROJECT OFFERS MEDICAL CARE OPPORTUNITIES AND CREATE JOBS FOR THE AREA.

**11. Narrative Project Description:**

[SEE ATTACHMENT A ]

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12. Provide the names and addresses of the adjacent property owners. Also identify the property owners on the plan view of the drawing described in Attachment "A". (Attach additional sheets if necessary.)

1. SEE ATTACHMENT D

2.

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13. List all approvals or certifications received or applied for from Federal, State and Local agencies for any structures, construction, discharges, deposits or other activities described in this application. Note that the signature in Item 14 certifies that application has been made to or that permits are not required from the following agencies. If permits are not required, place N/A in the space for Type Approval.

<u>Agency</u>	<u>Type Approval</u>	<u>Application Date</u>	<u>Approval Date</u>
Dept. of Environmental Quality			
Dept. of Marine Resources			
Army Corps of Engineers			
City/County _____			
Other _____			

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**14. Certification and signatures**

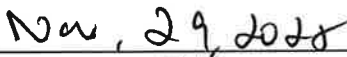
Application is hereby made for authorization to conduct the activities described herein. I agree to provide any additional information/data that may be necessary to provide reasonable assurance or evidence to show that the proposed project will comply with the applicable state water quality standards or other environmental protection standards both during construction and after the project is completed. I also agree to provide entry to the project site for inspectors from the environmental protection agencies for the purpose of making preliminary analyses of the site and monitoring permitted works. I certify that I am familiar with and responsible for the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate. I further certify that I am the owner of the property where the proposed project is located or that I have a legal interest in the property and that I have full legal authority to seek this permit.

U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals, or covers up by any trick, scheme or device a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

**Mississippi Coastal Program (Coastal area only)**

I certify that the proposed project for which authorization is sought complies with the approved Mississippi Coastal Program and will be conducted in a manner consistent with the program.

  
\_\_\_\_\_  
Signature of Applicant or Agent

  
\_\_\_\_\_  
Date

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**15. Fees**

Payable to MS Dept. of Marine Resources  
\$50.00 Single-family residential application fee  
\$500.00 Commercial application fee  
Public notice fee may be required

Please include appropriate fees for all projects proposed in coastal areas of Hancock, Harrison and Jackson Counties.

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**16. If project is in Hancock, Harrison or Jackson Counties, send one completed copy of this application form and appropriate fees listed in Item 15 to:**

Department of Marine Resources  
Bureau of Wetlands Permitting  
1141 Bayview Avenue  
Biloxi, MS 39530  
(228) 374-5000

**If project IS NOT in Hancock, Harrison or Jackson Counties, send one completed copy of this application form to each agency listed below:**

District Engineer  
Mobile District  
Attn: CESAM-RD  
P.O. Box 2288  
Mobile, AL 36628-0001

District Engineer  
Vicksburg District  
Regulatory Branch  
Attn: CEMVK-OD-F  
4155 Clay Street  
Vicksburg, MS 39183-3435

Director  
Mississippi Dept. of Environmental Quality  
Office of Pollution Control  
P.O. Box 10385  
Jackson, MS 39289

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**17. In addition to the completed application form, the following attachments are required:*****Attachment "A" Drawings***

Provide a vicinity map showing the location of the proposed site along with a written description of how to reach the site from major highways or landmarks. Provide accurate drawings of the project site with proposed activities shown in detail. All drawings must be to scale or with dimensions noted on drawings and must show a plan view and cross section or elevation. Use 8 1/2 x 11" white paper or drawing sheet attached.

***Attachment "B" Authorized Agent***

If applicant desires to have an agent or consultant act in his behalf for permit coordination, a signed authorization designating said agent must be provided with the application forms. The authorized agent named may sign the application forms and the consistency statement.

***Attachment "C" Environmental Assessment (Coastal Area Only)***

Provide an appropriate report or statement assessing environmental impacts of the proposed activity and the final project dependent on it. The project's effects on the wetlands and the effects on the life dependent on them should be addressed. Also provide a complete description of any measures to be taken to reduce detrimental offsite effects to the coastal wetlands during and after the proposed activity. Alternative analysis, minimization and mitigation information may be required to complete project evaluation.

***Attachment "D" Variance or Revisions to Mississippi Coastal Program (Coastal area only)***

If the applicant is requesting a variance to the guidelines in Section 2, Part III or a revision to the Coastal Wetlands Use Plan in Section 2, Part IV of the Rules, Regulations, Guidelines and Procedures of the Mississippi Coastal Program, a request and justification must be provided.