TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Division of Water Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243 1-888-891-8332 (TDEC)

Notice of Intent (NOI) for General NPDES Permit for Stormwater Discharges from Construction Activities (TNR100000)

Site or Project Name:		NPDES Track Number: TNR	ing TN	R245125			
Street Address 7211 C		Construction Start Date: July 2021 Estimated End Date: July 2023					
Site Grading, Drainage, Roadway, Utilities to develop 92			Dwelling Lintin	Latitude (dd.d		35.9855	
Description.	Longitude (-dd.dddd): -86.6133						
County(ies): Davidson MS4 (if applicable): N				Acres Disturb	ed:	16.6 Ac.	
Check box if a SWPPP is attached:				Total Acres: 599 Ac.			
Check the appropriate box(s) if there are streams and/or wetlands on or adjacent to the construction site: Streams Wetlands							
Has a jurisdictional determination been made by the USACE or EPA identifying waters of the United States?: Yes Note: if yes, attach the jurisdictional determination							
If an Aquatic Resource Alteration Permit (ARAP) has been obtained for this site, what is the permit number? NR(S)							
Receiving waters: Unnamed Drain to East Branch Hurricane Creek							
Site Owner/Developer (Primary Permittee): (Provide person, company, or entity that has operational or design control over construction plans and specifications): Regent Development, LLC							
For corporate entities only, provide correct Tennessee Secretary of State (SOS) Control Number: 000343007 (an incorrect SOS control number may delay NOI processing)							
Site Owner or Developer Contact Name: (signs the certification below)			Title or Position:				
David McGowan			President				
Mailing Address: 6901 L	nox Village Drive - Suite 107		City: Nashville State:		N	Zip: 37211	
Phone: (615) 333-9000) Fax: ()		E-mail: davidmogo	gowan@regenthomes-tn.com			
Optional Contact: Eric Olsen			Title or Position: Engineer				
Mailing Address: 618 Gr	assmere Park Drive -	Suite 4	City: Nashville	State: TN Zip: 37211		Zip: 37211	
Phone: (615) 331-0809	Fax: (615)	331-0110	E-mail: andersondel	lelk@bellsouth.net			
Owner/Developer(s) Certification: (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)							
I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information 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. As specified in Tennessee Code Annotated Section, 38-16-(02(a)A), this sectaration is made under penalty of perjury.							
Owner/Developer Name (print/type): David McGowan			Signaluhe:	1	Date:	4-22-2021	
Owner/Developer Name (print/type):			Signature:		Date:		
Contractor Certification: (must be signed by president, vice-president or equivalent, or ranking elected official) (Secondary Permittee)							
I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer Identified above and/or my inquiry of the person directly responsible for assembling this NOI and SWPPP, I believe the Information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of most activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for fallure to comply with these permit requirements. As specified in Tennessee Code Annotated Section 39-16- 702(a)(4), this declaration is made under penalty of perjury.							
Contractor name, address, and SOS control number (if applicable):			Signature:		Date	Date:	
Games Construton P.O. Bex 10134 Muchowshire P 27128			11/27/21		27/2/		
FFICIAL STATE USE ONLY		7					
Received Date:	Reviewer:	Field Office:	Permit Tracking Number: TN	IR.	Exceptional	TN Water:	
Fee(s):	T & E Aquatic Flora/Fauna:	SOS Corporate Status:	Waters with Unavailable Par	rameters:	Notice of Co	verage Date:	

STORM WATER POLLUTION PREVENTION PLAN

FOR

CAROTHERS CROSSING PHASE 10 SECTION 1

Owner or Developer Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)						
I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information 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. As specified in Fennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.						
Representative of owner/developer; print or type	Signature \	Date				
DAVID McGowan	M L X	.4-22-2021				
Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Secondary Permittee)						
I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above and/or my inquiry of the person directly responsible for assembling this NOI and SWPPP, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.						
Contractor name, address, and SOS control number	Signature by representative of contractor	Date				
(if applicable) Gramps Constituted Co 0.0, Box 10134 mutualow TO 37129	may have	9/27/21				
Contractor name, address, and SOS control number (if applicable)	Signature by representative of contractor	D'ate /				
Contractor name, address, and SOS control number (if applicable)	Signature by representative of contractor	Date				

DEVELOPER: Regent Development, LLC				
CONTRACTOR: AAINES CONSTRUCTION				
DATE: 4/22/21				