TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Division of Water Pollution Control

Division of Water Pollution Control
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: Madison Midtown Apartments						
Street Address	Number: TNR Construction Start Date: October 1, 2019						
or Location: Northwest corner of the intersection of Madison Ave & Avalon S			we & Avalon St.	Estimated End Date:	October 1, 2020		
Site Draward will for the second second		-1	1 6 4 5 1 11	Latitude (dd.dddd):	35.1387		
Description: Proposed multi-family apartme		nt complex comprised of 4 buildings		Longitude (-dd.dddd)	90.0092		
County(les): Shelby	У	MS4 Jurisdiction (if applicable): .TNS075663		Acres Disturbed:	4.52		
				Total Acres:	4.86		
Check the appropriate box(s) if the lf wetlands are located on-site are lf an Aquatic Resource Alteration	nd may be impac	cted, attach wetlands d	elineation report.	_	Wetlands		
Receiving waters: Lick Creek							
Attach the SWPPP with the NOI		SWPPP Attached	Attach a site locatio	n map: Map Attacl	ned		
Site Owner/Developer Entity (Priplans and specifications): 15		: (person, company, or tners, Orgel Family LF		perational or design con			
For corporate entities only, provide	de the Tennesse	ee Secretary of State (S	SOS) Control Number	: 0380156			
Site Owner or Developer Contact Name: (individual responsible for site)							
Mailing Address: 495 Tennessee Street, Ste. 152		52	City: Memphis	State: TN	Zip: 38103		
Phone: () 901-428-3381	Fax: ()		E-mail: benjamin.	orgel@towerventures.c	om		
Optional Contact:			Title or Position:				
Mailing Address:			City:	State: Zip:			
Phone: ()	Fax: ()		E-mall:				
Owner or Developer Certification Permittee)	on: (must be sig	ned by president, vice-	president or equivale	nt, or ranking elected off	icial) (Primary		
I certify under penalty of law that this to the best of my knowledge and beli- including the possibility of fine and im- penalty of perjury	et, true, accurate.	and complete. I am aware	that there are significar le Annolated Section 39	nt penalties for submitting fa -16-702(a)(4), this declarati	lee Information		
Owner or Developer Name: (print	Madison Partners	Signature: Date: 12/11/19					
Contractor(e) Cartification (m)	et he slaned by	procident vice procide	ant or occurred ont or re	unking plantad afficial) (C	acandan, Damittan		
Contractor(8) Certification: Imi	c.g.rod by	Proposition, sine-bieside	an of Gudiyaidik. Ul 18	mental discrete outrigit) (2	COUNTRY PERMITTERS		
Contractor(s) Certification: (multi- l certify under penalty of law that I has construction site owner/developer Ide information submitted is accurate. I at TNR100000, and that certain of my almprisonment for knowing violations, 702(a)(4), this declaration is made un	ntified above and/ m aware that this I ctivities on-site are and for failure to c	ocument, any attachments or my inquiry of the perso NOI, if approved, makes to a thereby regulated. I am a comply with these permit or	s, and the SWPPP refer n directly responsible fo he above-described con aware that there are sing	r assembling this NOI and S struction activity subject to difficent penalties, including	inquiry of the SWPPP, I believe the NPDES permit number		
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Secretary of State Corporations Section James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

JW 3031

ÖRGEL FAMILY LP 4091 VISCOUNT DR MEMPHIS, TN 38118

RE:

ORGEL FAMILY, L.P. CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

CONGRATULATIONS UPON THE FILING OF THE ATTACHED LIMITED PARTNERSHIP, PURSUANT TO THE TENNESSEE REVISED UNIFORM PARTNERSHIP ACT, WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CONTROL NUMBER GIVEN ABOVE.

PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A LIMITED PARTNERSHIP HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

ON DATE: 11/19/99

BURCH PORTER & JOHNSON (130 N COURT AVE)

RECEIVED:

\$0.00

130 NORTH COURT AVE.

TOTAL PAYMENT RECEIVED:

\$100.00

MEMPHIS, TN 38103-0000

RECEIPT NUMBER: 00002574272 ACCOUNT NUMBER: 00000464



RILEY C. DARNELL SECRETARY OF STATE

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STATE of YEA	NESSEE, COUNTY of SHELBY B. Batos, REGISTER	_	_		

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