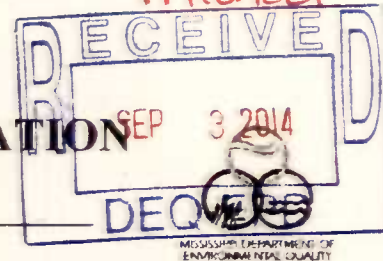


**PRIME CONTRACTOR CERTIFICATION****LARGE CONSTRUCTION GENERAL PERMIT**Coverage No. MSR10 6 3 3 8 County Lafayette

(Fill in your Certificate of Coverage Number and County)



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) or (2) they have 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: Jonathan Hust PHONE NUMBER: (601) 855-7474PRIME CONTRACTOR COMPANY: Eutaw Construction Company Inc.PRIME CONTRACTOR STREET (P.O. BOX): 109 W. CommercePRIME CONTRACTOR CITY: Aberdeen STATE: MS ZIP: 39730**OWNER INFORMATION**OWNER CONTACT PERSON: Don Ruby PHONE NUMBER: (662) 513-1510OWNER COMPANY NAME: Baptist Memorial Healthcare, North Mississippi**PROJECT INFORMATION**PROJECT NAME: BMH North Mississippi Hospital SiteDESCRIPTION OF CONSTRUCTION ACTIVITY: Grading and construction for BMH Hospital

PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)

STREET: Belk BoulevardCITY: Oxford COUNTY: Lafayette

I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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 gathered and evaluated 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.

Prime Contractor Signature<sup>1</sup>

Date Signed

Printed Name<sup>1</sup>

Title

<sup>1</sup>This application shall be signed 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.

This Prime Contractors Certification form shall be submitted to:

Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

Revised: 12/16/10