PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 6 9 2 7 County
(Fill in your Certificate of Coverage Number and County)

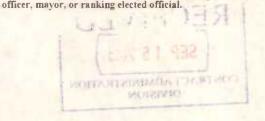


By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those 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 CONTRACT	OR INFORMATION
PRIME CONTRACTOR CONTACT PERSON: Brad	Lewis PHONE NUMBER: 601 850-1550
PRIME CONTRACTOR COMPANY: Superior AS	phalt, Inc.
PRIME CONTRACTOR STREET (P.O. BOX): PO BO	
PRIME CONTRACTOR CITY: Byram	
OWNER INI	FORMATION
OWNER CONTACT PERSON: Neil Patkrson	PHONE NUMBER: (601) 267-340/
OWNER COMPANY NAME: Ms. Department	of Transportation
PROJECT IN	FORMATION
PROJECT NAME: STP-0056-01 (075)) 10410	
DESCRIPTION OF CONSTRUCTION ACTIVITY: Add	2 Lanes on SR 25
PHYSICAL SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the	nilable indicate the nearest named road. For linear projects, ne project traverses.)
STREET: SR ZS From SR 475 TO the	ante Ferry Road
STREET: SR 25 From SR 475 To G	TY: Rankini
I certify that I am the prime contractor for this project and will comppermit. I further certify under penalty of law that this document and accordance with a system designed to assure that qualified personnel my inquiry of the person or persons who manage the system, or those information submitted is, to the best of my knowledge and belief, true penalties for submitting false information, including the possibility of	all attachments were prepared under my direction or supervision in properly gathered and evaluated the information submitted. Based on persons directly responsible for gathering the information, the accurate and complete. I am aware that there are significant
Bally 12. Bullock Prime Contractor Signature	09-14-2015 Date Signed
	Date Signed
BOBAY Q. BULLOCK Printed Name	VICE PRESIDENT
Printed Name	Title
This application shall be signed as follows: For a corporation, by a responsible corporate officer.	This Prime Contractors Certification form shall be submitted to:
 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 	Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261

P.O. Box 2261 Jackson, Mississippi 39225



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