

## PRIME CONTRACTOR CERTIFICATION

## LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 6 9 5 2 County JACKSON
(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.

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| PRIME CONTRA   | ACTOR INFORMATION  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| PRIME CONTRACTOR CONTACT PERSON: FRANK   | X A MALLETTE PHONE NUMBER: (228) 497-2523  |  |  |  |  |  |  |
| PRIME CONTRACTOR COMPANY: MALLETTE BI  | ROTHERS CONSTRUCTION CO., INC.   |  |  |  |  |  |  |
| PRIME CONTRACTOR STREET (P.O. BOX): 3708 H   | WY 90  |  |  |  |  |  |  |
| PRIME CONTRACTOR CITY: GAUTIER   | STATE: MS ZIP: 39553   |  |  |  |  |  |  |
| OWNER  | RINFORMATION   |  |  |  |  |  |  |
| OWNER CONTACT PERSON: MDOT   | VNER CONTACT PERSON: MDOT PHONE NUMBER: (601 ) 359-7000  |  |  |  |  |  |  |
| OWNER COMPANY NAME: MDOT   |  |  |  |  |  |  |  |
| PROJECT  | T INFORMATION  |  |  |  |  |  |  |
| PROJECT NAME: NH-0010-01(136) / 101204303  |  |  |  |  |  |  |  |
| DESCRIPTION OF CONSTRUCTION ACTIVITY: CO   | NSTRUCTION TO WIDEN I-10 FROM SR609 TO SR57  |  |  |  |  |  |  |
| /INDEN, GRADING, BRIDGE CONST, PAVING  |  |  |  |  |  |  |  |
| PHYSICAL SITE ADDRESS (If the physical address is no indicate the beginning of the project and identify all count  | ot available indicate the nearest named road. For linear projects, ties the project traverses.)  |  |  |  |  |  |  |
| STREET: INTERSTATE 10 at HWY 57, sta. 240+   | -00 - 645+00   |  |  |  |  |  |  |
| CITY: OCEAN SPRINGS C  | OUNTY: JACKSON   |  |  |  |  |  |  |
| permit. I further certify under penalty of law that this documen accordance with a system designed to assure that qualified person by inquiry of the person or persons who manage the system, or | comply with all the requirements in the above referenced general NPDES at and all attachments were prepared under my direction or supervision in onnel properly gathered and evaluated the information submitted. Based or those persons directly responsible for gathering the information, the f, true, accurate and complete. I am aware that there are significant lity of fine and imprisonment for knowing violations.  2/9/2016  Date Signed  EXECUTIVE VICE PRESIDENT  Title |  |  |  |  |  |  |
| This application shall be signed as follows:   | 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 officer, mayor, or ranking elected official.

Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control Jackson, Mississippi 39225

