## PRIME CONTRACTOR CERTIFICATION

## LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 6 9 7 6 County Lee

(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

TRIME CONTR	ACTORINFORMATION		
PRIME CONTRACTOR CONTACT PERSON: Kelly C	Greenwood PHONE NU	PHONE NUMBER: (662) 647-3843	
PRIME CONTRACTOR COMPANY: AMG Construc	tion, Inc.		
PRIME CONTRACTOR STREET (P.O. BOX): P.O. Box	ox 4		
	STATE: MS	ZIP: 38921	
OWNER	RINFORMATION		
OWNER CONTACT PERSON: Greg Reed	PHONE NUMBER:	PHONE NUMBER: (662 ) 841-6460	
OWNER COMPANY NAME: City of Tupelo			
PROJEC	T INFORMATION		
PROJECT NAME: Tupelo SRF FY14 Water - Area	No. 5		
DESCRIPTION OF CONSTRUCTION ACTIVITY: Inst		et of water pipe line	
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 r ties the project traverses.)	road. For linear projects,	
STREET: Warren Lane			
CITY: Tupelo C	OUNTY: Lee		
I certify that I am the prime contractor for this project and will permit. I further certify under penalty of law that this documen accordance with a system designed to assure that qualified person my inquiry of the person or persons who manage the system, or information submitted is, to the best of my knowledge and belief penalties for submitting false information, including the possibil Prime Contractor Signature  Kelly Greenwood  Printed Name	it and all attachments were prepared under it onnel properly gathered and evaluated the in those persons directly responsible for/gather f. true, accurate and complete. I am aware th	ny direction or supervision in formation submitted. Based on ing the information, the nat there are significant plations.	
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.

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

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> MAR 24 2016 evised: 12//16/10 Dept. of Environmental Quality