AI#17832

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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MAY 27 2016
Dept. of Environmental Quality

RE-COVERAGE FORM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

GENERAL PERMIT: MSRMS4 0 2 4. This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Small Municipal Separate Storm System (MS4) General Permit. This form, with an original signature, must be completed and returned to MDEQ at the address printed at the bottom of this form within 60 days of the date of the Letter of Instruction for Re-Coverage.

Submittals with this Re-Coverage Form must include:

- **A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit**
- **Copies of current municipal storm water ordinances, or if not a city or county, copies of current regulatory mechanisms that address storm water management**
- **A location map must be attached, if location boundaries have changed since initial coverage issuance**
- **Copy of current Storm Water Pollution Prevention Plan (SWPPP) or Plans**

Additional submittals may include:

- **Appendix A and associated Joint MS4 legal documents, if applicable**

NOTE: 3-RING BINDERS WILL NOT BE ACCEPTED DUE TO LIMITED FILING SPACE AT MDEQ.

MS4 APPLICANT INFORMATION

MS4 NAME: Mississippi Department of Transportation

MS4 MAILING ADDRESS: Post Office Box 1850

MS4 CITY: Jackson STATE: MS ZIP: 39215-1850

MS4 COUNTY: Jackson, Harrison, Hancock, Forrest, Lamar, Hinds, Rankin, Madison, DeSoto

MS4 IS A: ☐ CITY/TOWN ☐ COUNTY ☑ OTHER: Department of Transportation

IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED? ☐ YES ☐ NO
(If yes, a completed Appendix A must accompany submittal)

MS4 POPULATION: 1,161,904

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation): John Cox Taylor

CONTACT'S TITLE: Engineer IV OFFICE PHONE: (601) 359-7250

CELL PHONE: (____) FAX NUMBER: (601) 359-7063

E-MAIL ADDRESS (local contact): jtaylor@mdot.ms.gov

E-MAIL ADDRESS (legally responsible person): mmcgrath@mdot.ms.gov

SECONDARY LOCAL CONTACT NAME (knowledgeable about program, if primary contact is unavailable) Richard Pittman

OFFICE PHONE: (601) 359-7250 CELL PHONE: (____)

LOCATION DESCRIPTION OF MS4 (not required for cities and counties)

PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITARY BASES, SPECIAL DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (education, hospital, prison, etc.).

The MDOT MS4 consists of nine counties including: Jackson, Hancock, Harrison, Lamar, Forrest, Hinds, Rankin, Madison, and DeSoto

RECEIVING WATER INFORMATION

IDENTIFY THE MAJOR RECEIVING WATERS (named on a USGS Quad Map) WITHIN THE MS4 BOUNDARIES. IN ADDITION, NOTE THOSE THAT ARE 303(d) LISTED IMPAIRED WATERBODIES WITHIN THE PERMITTED AREA (a complete list of 303(d) listed impaired waters may be found on MDEQ's web site: http://www.deq.state.ms.us).

RECEIVING STREAM	CHECK IF 303(d) LISTED	RECEIVING STREAM	CHECK IF 303(d) LISTED
Please see attached list	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐
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I 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.

Melinda McGrath — 5/26/16

Authorized Signature[1] **Date**

Melinda McGrath, P.E. — Executive Director

Printed Name **Title**

[1]**This application shall be signed according to the General Permit, ACT10: SIGNATORY REQUIREMENTS 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 either a principal executive officer, the mayor, or ranking elected official.**

Please submit this form to:

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