AI#17834

Amber

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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

GENERAL PERMIT: MSRMS4 0 2 6. 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: City of Brandon

MS4 MAILING ADDRESS: PO Box 1539

MS4 CITY: Brandon STATE: MS ZIP: 39043

MS4 COUNTY: Rankin

MS4 IS A: ☑ CITY/TOWN ☐ COUNTY ☐ OTHER: _____

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

RECEIVED
MAY 31 2016
Dept. of Environmental Quality

MS4 POPULATION: 23,529

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation): Darion Warren

CONTACT'S TITLE: Public Works Director OFFICE PHONE: (601) 825-4579

CELL PHONE: (769) 798-2067 FAX NUMBER: (601) 825-7320

E-MAIL ADDRESS (local contact): dwarren@brandonms.org

E-MAIL ADDRESS (legally responsible person): dwarren@brandonms.org

SECONDARY LOCAL CONTACT NAME (knowledgeable about program, if primary contact is unavailable) Jordan Rae Hillman

OFFICE PHONE: (601) 824-4580 CELL PHONE: (601) 720-6048

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.). _____

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
Terrapin Skin Creek	☐		☐
Richland Creek	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐

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.

Butch Lee — **Authorized Signature**[1]

5/31/16 — **Date**

Butch Lee — **Printed Name**

Mayor — **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

RECEIVED
MAY 31 2016
Dept. of Environmental Quality

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CONSTRUCTION MINIMUM MEASURE ASSISTANCE PETITION
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

GENERAL PERMIT: MSRMS4 0 2 6. 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 form must be submitted to petition MDEQ to assume responsibility for the regulation of storm water runoff from construction activities five (5) acres and greater.

The MS4 General Permit requires regulated entities (MS4s) to develop and implement a Storm Water Management Program (SWMP) to reduce the discharge of pollutants from their storm water conveyance systems. The SWMP must include six (6) minimum control measures, including Construction Site Storm Water Runoff Control from construction activities that result in a land disturbance of greater than or equal to one (1) acre or less if part of a larger common plan of development or sale. ACT6, SHARING MINIMUM MEASURE RESPONSIBILITY of the General Permit allows the regulated entity to petition MDEQ to assume responsibility for the regulation of storm water runoff from large construction activities five (5) acres and greater.

Activities that disturb less than five (5) acres remain the MS4's responsibility, including activities that are part of a larger common plan of development or sale. For example, the MS4 is responsible for regulating storm water runoff from individual lot construction even though the large residential subdivision had been covered under MDEQ's Large Construction Storm Water General Permit.

If MDEQ agrees to assume this responsibility, the regulated entity is not required to include MDEQ's portion of the minimum control measure in the SWMP, nor required to address large construction in the annual report. If MDEQ does not agree to assume this responsibility, the regulated entity will be notified in writing.

MS4 INFORMATION

MS4 NAME: City of Brandon

MS4 MAILING ADDRESS: PO Box 1539

MS4 CITY: Brandon STATE: MS ZIP: 39043

MS4 COUNTY: Rankin

MS4 IS A: ☑ CITY/TOWN ☐ COUNTY ☐ OTHER:

LOCAL CONTACT NAME (responsible for construction storm water program implementation): Darion Warren

CONTACT'S TITLE: Public Works Director OFFICE PHONE: (601) 824-4579

CELL PHONE: (769) 798-2067 FAX NUMBER: (601) 824-4582

E-MAIL ADDRESS (local contact): dwarren@brandonms.org

E-MAIL ADDRESS (legally responsible person): dwarren@brandonms.org

In accordance with ACT6, SHARING MINIMUM MEASURE RESPONSIBILITY of the General Permit, the regulated entity (MS4) described above, requests the Mississippi Department of Environmental Quality (MDEQ) to assume responsibility for regulating storm water runoff from large construction activities, five (5) acres and greater. I understand that the above MS4 is still required to develop and implement a Storm Water Management Plan to reduce pollutants from construction activities less than five (5) acres in accordance with ACT5 of the general permit.

[signature]	5/31/16
Authorized Signature[1]	**Date**
Butch Lee	Mayor
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.
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