

AI#17801



Ryan S.
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JUN - 3 2016
Dept. of Environmental Quality

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

GENERAL PERMIT: MSRMS4 0 0 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: DeSoto County

MS4 MAILING ADDRESS: 365 Losher Street Suite 300

MS4 CITY: Hernando

STATE: MS

ZIP: 38632

MS4 COUNTY: DeSoto

MS4 IS A:

☐

CITY/TOWN

☒

COUNTY

☐

OTHER:

IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED?

(If yes, a completed Appendix A must accompany submittal)

☐

YES

☒

NO

MS4 POPULATION: 161,252 (2010 ce)

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation): Scott Young

CONTACT'S TITLE: County Engineer

OFFICE PHONE: (662) 429-1347

CELL PHONE: (901) 826-0230

FAX NUMBER: ()

E-MAIL ADDRESS (local contact): SYoung@desotocountymms.gov

E-MAIL ADDRESS (legally responsible person): VLynchard@desotocountymms.gov

SECONDARY LOCAL CONTACT NAME (knowledgeable about program, if primary contact is unavailable) Vanessa Lynchard

OFFICE PHONE: (662) 469-8180

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.). DeSoto County is

situated in the Northwest corner of Mississippi. It is bordered by the State of Tennessee to the North, the
Mississippi River to the West, and Arkabutla Lake to the South.

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>).

<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>	<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>
Mississippi River	<input type="checkbox"/>	Johnson Creek	<input type="checkbox"/>
Coldwater River	<input type="checkbox"/>	Short Fork Creek	<input checked="" type="checkbox"/>
Pigeon Roost Creek	<input type="checkbox"/>	Mussacana Creek	<input type="checkbox"/>
Bean Patch Creek	<input type="checkbox"/>	Rock Creek	<input type="checkbox"/>
Hurricane Creek	<input type="checkbox"/>	Jackson Creek	<input type="checkbox"/>
Cane Creek	<input type="checkbox"/>	Whites Creek	<input checked="" type="checkbox"/>
Lake Cormorant Bayou	<input type="checkbox"/>		<input type="checkbox"/>

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.

Vanessa Lynchland
Authorized Signature¹

5/30/16
Date

Vanessa Lynchland
Printed Name

County Administrator
Title

¹This 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

Non-Storm Water Discharge Assessment and Certification

Date of Test or Evaluation	Facility Observed	Method Used to Test or Evaluate Discharge	Describe Results from Test for the Presence of Non-Stormwater Discharge	Identify Potential Significant Sources	Name of Person Who Conducted the Test or Evaluation
		Visual			

Certification

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 gather and evaluate 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.

A. Name & Official Title Vanessa Lynchland County Administrator	B. Area Code and Telephone No. 662-469-8180
C. Signature Vanessa Lynchland	D. Date Signed 5/30/16

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