

ATT #17833



Amber  
RECEIVED  
OCT 25 2016  
Dept. of Environmental Quality

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

GENERAL PERMIT: MSRMS4 0 2 5. 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 Pearl, Mississippi

MS4 MAILING ADDRESS: Post Office Box 5948 Pearl, Mississippi 39288-5948

MS4 CITY: Pearl STATE: Mississippi ZIP: 39288

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)

MS4 POPULATION: 25,092

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation): Jamie Oliver

CONTACT'S TITLE: Director of Community Development OFFICE PHONE: ( 601 ) 932-3530

CELL PHONE: ( 601 ) 278-7943 FAX NUMBER: ( 601 ) 932-3590

E-MAIL ADDRESS (local contact): joliver@cityofpearl.com

E-MAIL ADDRESS (legally responsible person): brogers@cityofpearl.com

SECONDARY LOCAL CONTACT NAME (knowledgeable about program, if primary contact is unavailable) Derick Milner

OFFICE PHONE: ( 601 ) 672-2055 CELL PHONE: ( 601 ) 672-2055

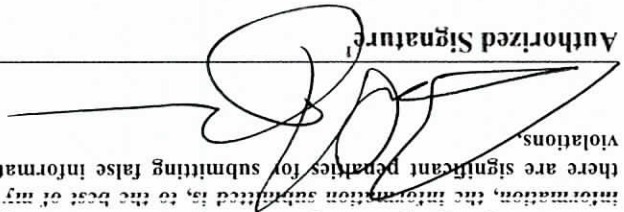
Chief, Environmental Permits Division  
MDEQ, Office of Pollution Control  
P.O. Box 3661  
Des Moines, Iowa 50319

Please submit this form 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 either a principal executive officer, the mayor, or ranking elected official.

This application shall be signed according to the General Permit, ACT9, T-5 as follows:

<u>Printed Name</u>	<u>Title</u>
Honorable Brad Rogers	Mayor
<u>Authorized Signature</u>	<u>Date</u>



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.

**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>303(d) LISTED</u>	<u>RECEIVING STREAM</u>	<u>303(d) LISTED</u>
Neely Creek	<input type="checkbox"/>		<input type="checkbox"/>
Conway Slough	<input type="checkbox"/>		<input type="checkbox"/>
Prairie Branch	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

**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.).

None.



Franklin Environmental Group

RECEIVED  
OCT 25 2016  
Dept. of Environmental Quality

October 24, 2016

Bradley Crain, P.E.  
Municipal and Private Facilities  
P.O. Box 2261  
Jackson, Mississippi 39225

REFERENCE: CITY OF PEARL MS4 RE-COVERAGE

Mr. Crain:

On behalf of City of Pearl, Mississippi please accept the enclosed MS4 re-coverage form.  
Should you have questions or require additional information, please contact me at 601.672.2055.

Sincerely,

FRANKLIN ENVIRONMENTAL GROUP, INC.

Derick F. Milner, CPESC, CPMSM  
President