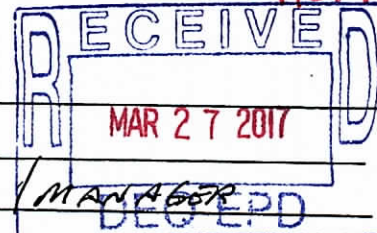


AI #24133  
MSR104253

# FACILITY SITE INFORMATION



FACILITY SITE NAME: CHENAL SUBDIVISION

CONTACT NAME & POSITION: Jim Robertson member / manager

CONTACT PHONE NUMBER: (601) 953 6952

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: CHENAL COURT (NEXT TO POWER LN)

CITY: MADISON COUNTY: MADISON ZIP: 39110

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:

LATITUDE: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds LONGITUDE: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):

TOTAL ACREAGE DISTURBED: 25 ESTIMATED CONSTRUCTION PROJECT END DATE: 2017-12-31  
YYYY-MM-DD

## STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERY.

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? ☒ YES ☐ NO
2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPs TO EFFECTIVELY CONTROL THEM? ☒ YES ☐ NO
3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES ONLY FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))? ☐ YES ☒ N.A. ☐ NO
4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT? ☒ YES ☐ NO
5. DOES THE SWPPP REQUIRE VEGETATIVE PRACTICES TO BE INITIATED IMMEDIATELY WHEN A DISTURBED AREA WILL BE LEFT FOR 14 DAYS (ACT5, T-4 (1)), INSTEAD OF 7 DAYS AS REQUIRED BY THE PREVIOUS PERMIT? ☒ YES ☐ NO

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 fines and imprisonment for knowing violations.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to discharge storm water associated with construction activity under this general permit. I understand that discharging pollutants associated with construction activity to waters of the State without proper permit coverage is in violation of state law.

I am aware of the significant changes in the renewed Large Construction Storm Water General Permit and certify the SWPPP for this project has been modified to incorporate these changes.

Signature<sup>1</sup>

*James E. Robertson*

Date Signed

2/23/17

Printed Name<sup>1</sup>

JAMES E ROBERTSON

Title

member / mgr

<sup>1</sup>This application for re-coverage shall be signed according to ACT11, T-7 of the General Permit, 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.

After signing please mail to:

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

Revised: 12/06/16



# FACILITY SITE INFORMATION

FACILITY SITE NAME: CHENAL SUBDIVISION  
 CONTACT NAME & POSITION: JIM ROBERTSON member / MANAGER  
 CONTACT PHONE NUMBER: (601) 953 6952  
 FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):  
 STREET: CHENAL COURT (NEXT TO DOVER LN)  
 CITY: MADISON COUNTY: MADISON ZIP: 39110  
 PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:  
 LATITUDE: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds LONGITUDE: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds  
 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): \_\_\_\_  
 TOTAL ACREAGE DISTURBED: 25 ESTIMATED CONSTRUCTION PROJECT END DATE: 2017-12-31  
 YYYY-MM-DD

RECEIVED  
 MAR 27 2017  
 Dept of Environmental Quality

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Signature<sup>1</sup>

*James E. Robertson*

Printed Name<sup>1</sup>

JAMES E ROBERTSON

Date Signed

2/23/17

Title

member / mgr

<sup>1</sup>This application for re-coverage shall be signed according to ACT11, T-7 of the General Permit, 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.

After signing please mail to:

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

Revised: 12/06/16

This is not an official certificate of good standing.

Name History

Name	Name Type
Chenal, LLC	Legal

Business Information

<b>Business Type:</b>	Limited Liability Company
<b>Business ID:</b>	884859
<b>Status:</b>	Good Standing
<b>Effective Date:</b>	01/10/2006
<b>State of Incorporation:</b>	Mississippi
<b>Principal Office Address:</b>	

Registered Agent

Name
Robertson, James E. 102 chenel court madison, MS 39110

Officers & Directors

Name	Title
James E Robertson 102 CHENAL CT MADISON, MS 39110	Member
James E. Robertson 102 chenel court madison, MS 39110	Other

**F0108**

**2017047854**

**Fee: \$**



**DELBERT HOSEMANN**  
*Secretary of State*

**P.O. BOX 136**  
**JACKSON, MS 39205-0136**

**Business ID: 884859**  
**Filed: 02/12/2017 06:15 PM**  
**C. Delbert Hosemann, Jr.**  
**Secretary of State**

**TELEPHONE: (601) 359-1633**

## **2017 LLC Annual Report**

### **Business Information**

**Business ID:** 884859

**Business Name:** Chenal, LLC

**State of Incorporation:** MS

**Business Email:** jerinc@me.com

**Phone:** (\*\*\*)\*\*\*-\*\*\*\*

**FEIN:** \*\*-\*\*\*\*\*

**Principal Address:** 102 CHENAL CT  
MADISON, MS 39110

### **Registered Agent**

**Name:** Robertson, James E.

**Address:** 102 chenal court  
madison, MS 39110

### **Managers and Members**

#### **Members**

**Name:**  
James E Robertson  
**Member**

**Address:**  
102 CHENAL CT  
MADISON, MS 39110