

AI#36639



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

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MAR 30 2017  
Dept. of Environmental Quality

# LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVITIES OF FIVE (5) OR MORE ACRES RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
LARGE CONSTRUCTION STORM WATER GENERAL PERMIT MSR10  
GENERAL NPDES COVERAGE NO. MSR10 4 9 5 1

## INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Large Construction General Permit. This form must be completed and returned to the address printed at the bottom of the back page of this form within 30 days of the date of the Letter of Instruction for Re-Coverage.

The signatory of this form must be the owner or operator (prime contractor) who is the current coverage recipient (rather than the project manager or environmental consultant).

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. SWPPP amendments with the sole intent of incorporating new permit conditions do not need to be submitted to MDEQ for review and/or approval.

If the project is complete and final stabilization has been achieved, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Large Construction Forms Package. Projects that continue to discharge storm water associated with construction activity without applicable permit coverage are in violation of state law.

Do not submit this form if submitting a Request for Termination (RFT) Form.

**ALL INFORMATION REQUESTS MUST BE ANSWERED** (Answer "NA" if not applicable)

## COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Alfred E. McNair  
COMPANY LEGAL NAME: Bienville Construction, LLC.  
STREET OR P.O. BOX: 12250 Walker Rd.  
CITY: Ocean Springs STATE: MS ZIP: 39564  
PHONE NUMBER: (228) 872-4692 E-MAIL: info@bienvilleconstruction.com

## FACILITY SITE INFORMATION

FACILITY SITE NAME: Savannah Trails Phase 1 and 2

CONTACT NAME & POSITION: John Pulliam, Construction Manager

CONTACT PHONE NUMBER: (228) 872-4692

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

STREET: McNair Blvd

CITY: Ocean Springs COUNTY: Jackson ZIP: 39564

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:

LATITUDE: N30 degrees 26 minutes 44 seconds LONGITUDE: W88 degrees 48 minutes 50 seconds

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

TOTAL ACREAGE DISTURBED: 263 ESTIMATED CONSTRUCTION PROJECT END DATE: 2020-12-31  
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 RECOVERAGE.

- |   |                                     |             |                          |    |
|---|-------------------------------------|-------------|--------------------------|----|
| 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?   | <input checked="" type="checkbox"/> | YES         | <input type="checkbox"/> | NO |
| 2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?  | <input checked="" type="checkbox"/> | YES         | <input type="checkbox"/> | NO |
| 3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES <u>ONLY</u> FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))?                                       | <input checked="" type="checkbox"/> | YES or N.A. | <input type="checkbox"/> | NO |
| 4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT?  | <input checked="" type="checkbox"/> | YES         | <input type="checkbox"/> | 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? | <input checked="" type="checkbox"/> | YES         | <input type="checkbox"/> | 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>

Alfred E. McNair

Printed Name<sup>1</sup>

3/27/17  
Date Signed

Owner

Title

<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: 02/28/2017





DELBERT HOSEMANN  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

Bienville Construction, LLC

Business ID: 993719

The attached 3 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 08th day of September, 2016.

Given under my hand and seal of office  
the 08th day of September, 2016

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN16027845

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

F0108

2016129968



Fee: \$

Business ID: 993719  
Filed: 04/08/2016 04:33 PM  
C. Delbert Hosemann, Jr.  
Secretary of State

DELBERT HOSEMAN  
*Secretary of State*

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

TELEPHONE: (601) 359-1633

## 2016 LLC Annual Report

### Business Information

**Business ID:** 993719

**Business Name:** Bienville Construction, LLC

**State of Incorporation:** MS

**Business Email:** t.tran@mysavannahpines.com

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

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

**Principal Address:** 12250 Walker Rd  
OCEAN SPRINGS, MS 39564

### Registered Agent

**Name:** Meynardie, Jane

**Address:** 457 Carmargue Lane  
Biloxi, MS 39531

### Managers and Members

#### Members

**Name:**

Alfred E McNair

*Member*

**Address:**

2953 BIENVILLE BOULEVARD #142  
OCEAN SPRINGS, MS 39564

## **Officers**

*Title/Name:*

*Address:*

*Director:*

**President:**

☐

**Vice President:**

☐

**Secretary:**

☐

**Treasurer:**

☐

☐ This LLC has a written Operating Agreement.

## **NAICS Code/Nature of Business**

236115 - New Single-Family Housing Construction (except For-Sale Builders)

236115 - New Single-Family Housing Construction (except For-Sale Builders)

## **Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **04/08/2016**.

***Name:***

TUYEN TRAN

*Other*

***Address:***

12250 WALKER RD

OCEAN SPRINGS, MS 39564

## Officers List

*Name:*

Alfred E McNair

*Member*

Jane W Meynardie

*Other*

*Address:*

2953 BIENVILLE BOULEVARD #142  
OCEAN SPRINGS, MS 39564

457 Carmargue Lane  
Biloxi, MS 39531



DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **BIENVILLE CONSTRUCTION, LLC**

Registered the 29th day of December, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

457 Carmargue Lane  
Biloxi, MS 39531

And that the registered agent at that address is:

Meynardie, Jane

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 8th day of September, 2016

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN16027845

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>