

AI #14930

Sherry



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

MAINTAINED

MAY 01 2017

MDEQ

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 1 6 7 9

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: Frank Ford, Safety Director

COMPANY LEGAL NAME: New South Land Development

STREET OR P.O. BOX: P.O. Box 758

CITY: Picayune STATE: Mississippi ZIP: 39466

PHONE NUMBER: (601) 798-2981 E-MAIL: frank@hueystockstill.com

FACILITY SITE INFORMATION

FACILITY SITE NAME: Heritage Oaks Subdivision

CONTACT NAME & POSITION: Frank Ford

CONTACT PHONE NUMBER: (601) 798-2981

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

STREET: South Haugh Avenue

CITY: Picayune COUNTY: Pearl River ZIP: 39466

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:

LATITUDE: 30 degrees 30 minutes 36.7 seconds LONGITUDE: 89 degrees 40 minutes 59 seconds

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

TOTAL ACREAGE DISTURBED: 61.8 ESTIMATED CONSTRUCTION PROJECT END DATE: 2022-04-27
YYYY-MM-DD

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

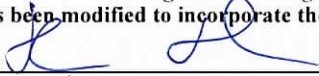
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERY.

- | | | |
|--|---|-----------------------------|
| 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? | <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.


Signature¹
Frank Ford
Printed Name¹

4/27/2017
Date Signed
Safety Director/ DAR
Title

¹This 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

New South Land Development

**PO BOX 758
Picayune, MS 39466
601-798-2981**

RECEIVED
MAY - 1 2017
Dept. of Environmental Quality

April 27, 2017

Certified Mail Number: 7016 3010 0000 5504 4439

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

Re: **1) Large Construction General Permit Re-Coverage- 2 Subdivisions**
General NPDES Coverage No. MSR101679 – Heritage Oaks
General NPDES Coverage No. MSR105105 – The Bluffs Plantation

Chief:

Attached are completed Re-Coverage Forms for the two subdivisions referenced above. New South Land Development (NSLD) desires to renew coverage under the above referenced permits.

Please contact me (601-798-2981) or Jay Musgrove (601-818-3558) if you have any questions or require additional information.

Sincerely,
New South Land Development



Frank Ford
Safety Director

Attachment – Large Construction General Permit Re-Coverage Form – 2 Subdivisions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Environmental Permits Division
MDEQ, OPC
P.O. Box 2261
Jackson, Mississippi 39225



9590 9402 2528 6306 1481 59

2. Article Number (Transfer from service label)

7016 3010 0000 5504 4439

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

2017 Heritage Oaks Recadege

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage \$

\$

Sent To

Street and Apt.

City, State, ZIP+

PS Form 3800

Postmark
Here

Environmental Permits Division
MDEQ, OPC
P.O. Box 2261
Jackson, Mississippi 39225

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7016 3010 0000 5504 4439