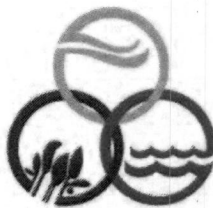


AI #68107

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SEP 15 2017

Dept. of Environmental Quality



MISSISSIPPI DEPARTMENT 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 6933

### 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: Warren Miconi Owner's Representative  
COMPANY LEGAL NAME: Chamblee Hospitality Group  
STREET OR P.O. BOX: 265 North Lamar Suite E  
CITY: Oxford STATE: Mississippi ZIP: 38655  
PHONE NUMBER: (662) 816-4707 E-MAIL: Warren@miconipm.com

**FACILITY SITE INFORMATION**

FACILITY SITE NAME: Home 2 Suites Oxford  
 CONTACT NAME & POSITION: Warren Miconi Owner's Representative  
 CONTACT PHONE NUMBER: (662) 816-4707  
 FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):  
 STREET: 101 Alderson Road  
 CITY: Oxford COUNTY: Lafayette ZIP: 38655  
 PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:  
 LATITUDE: 34 degrees 20 minutes 50.8 seconds LONGITUDE: -89 degrees 31 minutes 20.7 seconds  
 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): GPS  
 TOTAL ACREAGE DISTURBED: 2.3 ESTIMATED CONSTRUCTION PROJECT END DATE: 2017-10-01  
 YYY-YY-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 or N.A.  NO  
*NA*

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.

*Warren Miconi*  
 Signature  
Warren Miconi  
 Printed Name

*9/3/17* *9/6/17*  
 Date Signed  
*Project Manager*  
 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

**F0108**

**2017063635**

**Fee: \$**



Business ID: 965286  
Filed: 02/27/2017 04:45 PM  
C. Delbert Hosemann, Jr.  
Secretary of State

DELBERT HOSEMANN  
Secretary of State

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

TELEPHONE: (601) 359-1633

**2017 LLC Annual Report**

**Business Information**

**Business ID:** 965286

**Business Name:** Chamblee Hospitality Group, LLC

**State of Incorporation:** MS

**Business Email:** christhigpen@chambleeco.com

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

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

**Principal Address:** 4349 LAKELAND DRIVE  
FLOWOOD, MS 39232

**Registered Agent**

**Name:** Chamblee, Luke R

**Address:** 120 Stone Creek Blvd., Suite 100; PO Box 320219  
Flowood, MS 39232

**Managers and Members**

**Managers**

**Name:**  
East Wind Management, Inc  
*Manager*

**Address:**  
P.O. BOX 320219  
FLOWOOD, MS 39232

**Officers**

***Title/Name:***

***Address:***

***Director:***

**President:** Luke R Chamblee Jr

P.O. BOX 320219  
FLOWOOD, MS 39232

**Vice President:**

**Secretary:**

**Treasurer:**

This LLC has a written Operating Agreement.

**NAICS Code/Nature of Business**

721110 - Hotels (except Casino Hotels) and Motels

721110 - Hotels (except Casino Hotels) and Motels

**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 **02/27/2017**.

***Name:***

***Address:***

Luke R Chamblee Jr  
*President*

PO Box 320219  
Flowood, MS 39232

**Officers List**

***Name:***

East Wind Management, Inc  
*Manager*

Luke R Chamblee Jr  
*President*

***Address:***

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FLOWOOD, MS 39232

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