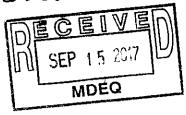
.AI#68682





MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVIES 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 7 0 2 2

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 MDEO 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: DWIGHT WILKIN	owner
COMPANY LEGAL NAME:	
STREET OR P.O. BOX: 8480 WCS7 SUNCYCLAR	· Road
CITY: Olive Byanch state:	MS zip: 38654
PHONE NUMBER: (UUZ) 893 CO43 E-MAIL: O	wight @tyuckmarhet.org
PHONE NUMBER: (UV) V TO CO TV	J

FACILITY SITE IN		
FACILITY SITE NAME: WILKINS MOUSTYICH	park	
CONTACT NAME & POSITION: DWGNT WILKING		
CONTACT PHONE NUMBER: (UU2 V 893 0043		
FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICA'	TE NEAREST NAMED ROAD):	
STREET: US Hohway 51 between old 5	14 hiense driv	e (east)
CITY: HEYMAND COUNTY: DCS	610	ZIP:
PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR S		143
LATITUDE: 34 degrees 63 minutes 31 seconds LONGITU		ses 40 seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance Start Performance Start Per		DITTE (857) 12/30/2019
TOTAL ACREAGE DISTURBED: 39 ESTIMATED CO	INSTRUCTION PROJECT END	YYYY-MM-DD
STORM WATER POLLUTION PR		
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UI WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUEST RECOVERAGE.	>-TO-DATE AND EFFECTIVE I TONS MUST BE ANSWERED V	N CONTROLLING STORM (ES or N.A. TO RECEIVE
L. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOC	ALLY AVAILABLE?	YES NO
2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POT POLITIANT SOURCES AND IDENTIFY BMPS TO EFFECTIVEL		YES NO
3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED W STRUCTURE THAT DISCHARGES <u>ONLY</u> FROM THE SURFACE (ACT5, T-6 (A))?		YES OF N.A. NO
4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T	(3) OF THE PERMIT?	VES NO
5. DOES THE SWPPP REQUIRE VEGETATIVE PRACTICES TO BE WHEN A DISTURBED AREA WILL BE LEFT FOR 14 DAYS (ACT DAYS AS REQUIRED BY THE PREVIOUS PERMIT?	INITIATED IMMEDIATELY 'S, T-4 (1)) , INSTEAD OF 7	YES _ NO
I certify under penalty of law that this document and all attachments were p system designed to assure that qualified personnel properly gathered and ev person or persons who manage the system, or those persons directly respons the best of my knowledge and belief, true, accurate and complete. I am awa information, including the possibility of fines and imprisonment for knowin I further certify that the project continues as described in the original notice	raluated the information submitte sible for gathering the information are that there are significant penal g violations.	d. Based on my inquiry of the n, the information submitted is, to lities for submitting false
terminated I am no longer authorized to discharge storm water associated with discharging pollutants associated with construction activity to waters o law.	vith construction activity under the fixed without proper permit	is general permit. I understand coverage is in violation of state
I am aware of the significant changes in the renewed Large Construction St bus been modified to incorporate these changes.		
Jan Car	Date Signed	1/
Stepature 1 0000 10 14/1/ ins	Date Signed ("\(I \) \(I \) \(I \) \(I \)	
Printed Name	Title	
This application for re-coverage shall be signed according to ACT11. T-7 of the Gen	eral Permit, as follows:	

s application for re-coverage shall be signed according t 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