

DEC 1 5 2017
Dept. of Environmental Quality

RE-COVERAGE FORM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

GENERAL PERMIT: MSRMS4 0 2 2. This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Small Municipal Separate Storm System (MS4) General Permit. This form, with an original signature, must be completed and returned to MDEQ at the address printed at the bottom of this form within 60 days of the date of the Letter of Instruction for Re-Coverage.

Submittals with this Re-Coverage Form must include:

- A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit
- Copies of current municipal storm water ordinances, or if not a city or county, copies of current regulatory mechanisms that address storm water management
- A location map must be attached, if location boundaries have changed since initial coverage issuance
- Copy of current Storm Water Pollution Prevention Plan (SWPPP) or Plans

Additional submittals may include:

Appendix A and associated Joint MS4 legal documents, if applicable

NOTE: 3-RING BINDERS WILL NOT BE ACCEPTED DUE TO LIMITED FILING SPACE AT MDEQ.

MS4 APPLIC	CANT INFORMATION	
MS4 NAME: Harrison County		
MS4 MAILING ADDRESS: 15309 C Community Rd MS4 CITY: Gulfport MS4 COUNTY: Harrison	STATE: MS ZIP: 39503	
MS4 IS A: CITY/TOWN COUNTY	OTHER:	
IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED? (If yes, a completed Appendix A must accompany submittal)	□ VES ▼NO	
MS4 POPULATION:		
PRIMARY LOCAL CONTACT NAME (responsible for storm water p	orogram implementation): Andy Moseley	
CONTACT'S TITLE: Engineering Tech	OFFICE PHONE, 228, 832-4891	
CELL PHONE: (228-) 832-3353	FAX NUMBER: (228, 831-3356	
E-MAIL ADDRESS (local contact): Engineering@co.harris	son.ms.us	
E-MAIL ADDRESS (legally responsible person): amoseley@co		
SECONDARY LOCAL CONTACT NAME (knowledgeable about prog. OFFICE PHONE: (228) 832-4891	ram, if primary contact is unavailable) CELL PHONE: (228) 832-3353	

PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITAR BASES, SPECIAL DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (education, hospital, prison, etc.). RECEIVING WATER INFORMATION IDENTIFY THE MAJOR RECEIVING WATERS (named on a USGS Quad Map) WITHIN THE MS4 BOUNDARIES. IN ADDITION, NOTE THOSE THAT ARE 303(d) LISTED IMPAIRED WATERBODIES WITHIN THE PERMITTED AREA (a complete list of 303(d) listed impairs waters may be found on MDEQ's web site: http://www.deq.state.ms.us).								
					RECEIVING STREAM	CHECK IF		CHECK IF
					BAYOU BERNARD	303(d) LISTED	RECEIVING STREAM	303(d) LISTED
LITTLE BILOXI RIVER								
TURKEY CREEK								
BAYOU PORTAGE								
CANAL NO. 1								
MALINI BAYOU			_					
certify under penalty of law that this	document and all attackments							
ith a system designed to assure that	qualified personnel properly g	s were prepared under my direction or athered and evaluated the information	submitted Resed on .					
aquiry of the person or persons who	manage the system, or those	persons directly responsible for gathe	ring the information t					
enalties for submitting false informat	ion, including the possibility of	ie, accurate and complete. I am award fine and imprisonment for knowing vi	that there are significations					
X at. o								
Authorized Signature		12-04-2017						
aumorized Signature		12-04-2017 Date PRESIDENT						
1/		1						
KENT JONES		PRESIDENT						

For a sole proprietorship, by the proprietor.

For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official.

Please submit this form to:

Chief, Environmental Permits Division MDEQ, Office of Pollution Control P.O. Box 2261

Jackson, Mississippi 39225

Revision: 3/03/2016