PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 7 5 2 1 County JACKSON (Fill in your Certificate of Coverage Number and County)



By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

PRIME CONTRACTOR INFORMATION
PRIME CONTRACTOR CONTACT PERSON: Andrew B. TANNER PHONE NUMBER: (60) 477-3820
TANNED CONTRACTOR COMPANY: JANNED DUSTON TO T
PRIME CONTRACTOR STREET (P.O. BOX): T.V. BOX 460
PRIME CONTRACTOR CITY: ELLISVILLE STATE MAS 39,670
E-MAIL ADDRESS: drew@tannerconstruction net
OWNER INFORMATION
OWNER COMPANY NAME: OWNER COMPANY NAME: PHONE NUMBER: ()
OWNER COMPANY NAME:
PROJECT INFORMATION
PROJECT NAME: BRIDGE REPLACEMENT ON SR 57 DESCRIPTION OF CONSTRUCTION ACTIVITY: RED CREEK BRIDGE NO. 20.3 Lynn As Federal Asl Bridge No. 20.3
DESCRIPTION OF CONSTRUCTION ACTIVITY: RED (REEK ROINE 1/2 20 3
known as Federal And Project No. BR-0066-01 (004) / 100 774301 PHYSICAL SITE ADDRESS (15the physical address)
PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)
STREET:
CITY: COUNTY: JACKSON CONNTY
I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on 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 fine and imprisonment for knowing violations. Prime Contractor Signature Date Signed Printed Name Title Press I DENT
Title

This application shall be signed 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 officer, mayor, or ranking elected official.

This Prime Contractors Certification form shall be submitted to:

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225

RCVD 7401

JAN 2 2 2018

JAN 25 2018