## PRIME CONTRACTOR CERTIFICATION



LARGE CONSTRUCTION GENERAL PERMITECE

Coverage No. MSR10 7 5 6 9 County

(Fill in your Certificate of Coverage Number and Count)

APR 0 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) for (2) they have day-to-day sediment control specifications (including the ability to make modifications to such specifications) for (2) they have day-to-day sediment control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

By completing and submitting this form to MDEQ, ability to make modifications to such apertangle and applicable permit conditions.  and sediment control specifications (including the ability to make modifications to such appropriate and applicable permit conditions.)  and sediment control specifications (including the ability 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 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 severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and severable responsibility for compliance with the permit.	
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the state shall remain responsible under applicable leader  PRIME CONTRACTOR INFORMATION  (1-227.0317	
PRIME CONTRACTOR	
PRIME CONTRACTOR CONTACT PERSON: SHAWN	GRAY PHONE NUMBER: 612 837-0312
PRIME CONTRACTOR CONTRACTOR SR CONSTRUC	TION, LLC
PRIME CONTRACTOR CONTACT PERSON: SE CONSTRUE  PRIME CONTRACTOR COMPANY: SB CONSTRUE  PRIME CONTRACTOR COMPANY: SO BOX: SO HWY	372
TONTO ACTOR SIRELIII.O.	322 STATE: MS ZIP: 38614
PRIME CONTRACTOR CITY: CLASKSDALE	3171
OWNER CONTACT PERSON: JIM KENT (MAYOU	PHONE NUMBER: 62 534-1010
OWNER CONTACT PERSON: THE ATEN ALL	BANY
OWNER COMPANY NAME:	
PROJECT INFORMATION RECEIVED	
	-2 0 2 2018
PROJECT NAME: SAA INDUSTRIES	APR 8 2 2018
PROJECT NAME: SAA INDUSTRICTION ACTIVITY: SITE	DEVELOPMENT
DESCRIPTION OF CONSTRUCT	
- mot av	gilable indicate the nearest named road. For linear projects,
PHYSICAL SITE ADDRESS (If the physical address is not avindicate the beginning of the project and identify all counties the	he project traverses.)
indicate the beginning of the	
STREET: A GLENFIELD RORD	MALONI
LET LOI & ENTIL	NIY: _ W/VICIA
STREET: A GLENFIELD (ORD)  CITY: MELL ALBERTY  COUNTY: MILE ALBERT	
The a Man	3-14-2018 Date Signed
Prime Contractor Signature <sup>1</sup>	Date Signed
Prime Contractor Signature	VF OF OPERATIONS Title
SHAWN GRAY Printed Name	
Printed Name	This Prime Contractors Certification form shall be submitted to:
This application shall be signed as follows:	
This application shall be signed as follows:  For a corporation, by a responsible corporate officer.  For a partnership, by a general partner.	Chief, Environmental Permits Division  MS Department of Environmental Quality, Office of Pollution Co

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.

P.O. Box 2261 Jackson, Mississippi 39225

Revised: