AT #72649

## PRIME CONTRACTOR CERTIFICAL

Coverage No. MSR10 7 5 5 7 County

(Fill in your Certificate of Coverage Number and County)

BY

By completing and submitting this form to MDEO, 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: Alex	yles PHONE NUMBER: 601 351-9910
PRIME CONTRACTOR COMPANY: Joe Mchee Construction Co., Inc.	
PRIME CONTRACTOR STREET (P.O. BOX): PO	
PRIME CONTRACTOR CITY: Lake	STATE: M5 ZIP: 39092
E-MAIL ADDRESS: Glan. /yles e joe regec Const. com	
OWNER INFORMATION	
OWNER CONTACT PERSON:	PHONE NUMBER: ()
PROJECT INFORMATION	
PROJECT NAME: BR-2841-00(005)  DESCRIPTION OF CONSTRUCTION ACTIVITY: Be	Lee County
DESCRIPTION OF CONSTRUCTION ACTIVITY:	idee Replacement
THE PLANT OF SALES	
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: MS Hay 245	
STREET: MS Hay 245  CITY: Shearn COUN	TY: Lee
I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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 fine and imprisonment for knowing violations.  Prime Contractor Signature  Date Signed  Title  This prime Contractor shall be signed as follows:  The Prime Contractors Certification form shall be submitted to:	
This application shall be signed as follows:	This Prime Contractors Certification form shall be submitted to:

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.

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

Revised: 10/25/16