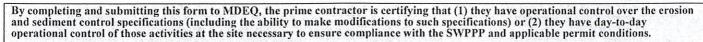
PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 7 5 8 3 County Clarke
(Fill in your Certificate of Coverage Number and County)



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: Paul McPh	nailPHONE NUMBER: (60) 898-9892
PRIME CONTRACTOR COMPANY: Key, LLC	
PRIME CONTRACTOR STREET (P.O. BOX): P O BOX 59	
PRIME CONTRACTOR CITY: Madison	STATE: MS ZIP: 39130
E-MAIL ADDRESS:pmcphail@keyllc.com	
OWNER INFORMATION	
owner contact person: Melinda McGrath	PHONE NUMBER: (601)359-7002
OWNER COMPANY NAME: Mississippi Department of Transportation	
PROJECT INFORMATION	
PROJECT NAME: DB/IM-0059-02(108)/107524301	
DESCRIPTION OF CONSTRUCTION ACTIVITY: Improvement to Interstate 59, Clarke County, Mississippi	
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: 1-59	
CITY: Enterprise COUNT	Y: Clarke
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 Prime Contractor Signature Date Signed	
Prime Contractor Signature	Date Signed
Payl D. McPhail Printed Name ¹	Secretary/Treasurer 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.	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

Revised: 10/25/16

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