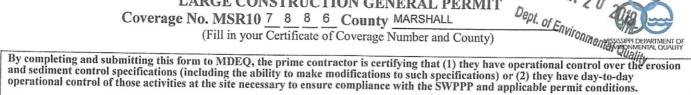
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For a corporation, by a responsible corporate officer.

officer, mayor, or ranking elected official.

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

PRIME CONTRACTOR CERTIFICATION 20 200



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: Shawn G	PHONE NUMBER: 662837-0312
PRIME CONTRACTOR COMPANY: SB Construction	I,LLC
PRIME CONTRACTOR STREET (P.O. BOX): 501 High	way 322
PRIME CONTRACTOR CITY: Clarksdale	STATE: Ms ZIP: 38614
E-MAIL ADDRESS:	
OWNER INFORMATION	
OWNER CONTACT PERSON: Larry Britt OWNER COMPANY NAME: Marshall County Board	PHONE NUMBER, 662,234-1763
OWNER COMPANY NAME: Marshall County Board	of Supervisors
PROJECT INFORMATION	
PROJECT NAME: Appalachian Regional Commission Project MS-19272 DESCRIPTION OF CONSTRUCTION ACTIVITY: Road Construction	
DESCRIPTION OF CONSTRUCTION ACTIVITY: Road Construction	
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: Gateway Global Road	
CITY: Byhalia COUN	_{VTY:} Marshall
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 ¹	3-15-2019
Shawn Gray	Date Signed
Printed Name ¹	VP of Operations
¹ This application shall be signed as follows:	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

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