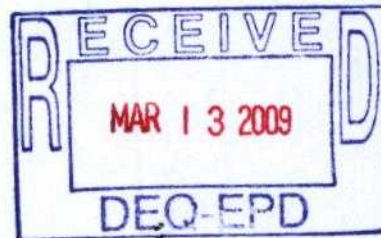


AI #17843



RE-COVERAGE FORM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

GENERAL PERMIT: MSRMS4 029. This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Small Municipal Separate Storm System (MS4) General Permit. This form, with an original signature, must be completed and returned to MDEQ at the address printed at the bottom of this form within 60 days of the date of the Letter of Instruction for Re-Coverage.

Submittals with this Re-Coverage Form must include:

- A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit
- Copies of current municipal storm water ordinances, or if not a city or county, copies of current regulatory mechanisms that address storm water management
- A location map must be attached, if location boundaries have changed since initial coverage issuance
- Copy of current Storm Water Pollution Prevention Plan (SWPPP) or Plans

Additional submittals may include:

- Appendix A and associated Joint MS4 legal documents, if applicable

NOTE: 3-RING BINDERS WILL NOT BE ACCEPTED DUE TO LIMITED FILING SPACE AT MDEQ.

MS4 APPLICANT INFORMATION

MS4 NAME: City of Richland

MS4 MAILING ADDRESS: PO Box 180609

MS4 CITY: Richland STATE: MS ZIP: 39218

MS4 COUNTY: Rankin

MS4 IS A: ☒ CITY/TOWN ☐ COUNTY ☐ OTHER: _____

IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED? YES ☐ NO ☐
(If yes, a completed Appendix A must accompany submittal)

MS4 POPULATION: 6800

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation): Mark S. Scarborough

CONTACT'S TITLE: Mayor OFFICE PHONE: (601) 932-3000

CELL PHONE: (601) 540-9100 FAX NUMBER: (601) 932-9229

E-MAIL ADDRESS (local contact): mscarborough@richlandms.com

E-MAIL ADDRESS (legally responsible person): _____

SECONDARY LOCAL CONTACT NAME (knowledgeable about program, if primary contact is unavailable) Larry Milner

OFFICE PHONE: (601) 932-3000 CELL PHONE: (601) 955-3236