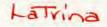
AL #23087





RECEIVED MAR 1 4 2011 Dept of Environmental Quality Office of Pollution Control

## LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVIES OF FIVE (5) OR MORE ACRES

## **RE-COVERAGE FORM**

## FOR COVERAGE UNDER MISSISSIPPI'S REISSUED LARGE CONSTRUCTION STORM WATER GENERAL PERMIT MSR10 GENERAL NPDES COVERAGE NO. MSR10 <u>3 8 0 3</u>

## INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Large Construction General Permit. This form must be completed and returned to the address printed at the bottom of the back page of this form within 30 days of the date of the Letter of Instruction for Re-Coverage.

The signatory of this form must be the owner or operator (prime contractor) who is the current coverage recipient (rather than the project manager or environmental consultant).

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. <u>SWPPP amendments with the sole intent of incorporating new</u> permit conditions do not need to be submitted to MDEQ for review and/or approval.

If the project is complete and final stabilization has been achieved, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Large Construction Forms Package. Projects that continue to discharge storm water associated with construction activity without applicable permit coverage are in violation of state law.

Do not submit this form if submitting a Request for Termination (RFT) Form.

ALL INFORMATION REQUESTS MUST BE ANSWERED (Answer "NA" if not applicable).

COVERAGE RECIPIENT INFORMATION	
CONTACT NAME & POSITION: DEAN LONG - DOUG STALYNGS - DE	VELOPERS
COMPANY NAME: DEAN LONG Construction - Doug Stacings	Construction
STREET OR P.O. BOX: 3195 OAKLEAF CV.	
CITY: OLIVE BRANCH STATE: MS	ZIP: 38654
PHONE NUMBER (INCLUDE AREA CODE): 901 870 3772	

PROJECT/SITE INFORMATION		
PROJECT NAME: CARRIAGE MANOR SUB.	-	
CONTACT NAME & POSITION: DEAN LOWE		
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 901 870 3772		
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD): STREET: SURREY LOOP		
CITY: BYHALIA COUNTY: MARSHALL	ZIP: 38	61)
	IN CONTROLLING	
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED RECOVERAGE.	IN CONTROLLING YES or N.A. TO REC	CEIVE
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED RECOVERAGE. . IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	IN CONTROLLING YES or N.A. TO REC	
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED RECOVERAGE.	IN CONTROLLING YES or N.A. TO REC	CEIVE
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED RECOVERAGE. 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? 2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER	IN CONTROLLING YES or N.A. TO REC	CEIVE
<ul> <li>THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED RECOVERAGE.</li> <li>IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?</li> <li>DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?</li> <li>IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES <u>ONLY</u> FROM THE SURFACE OF THE BASIN</li> </ul>	IN CONTROLLING YES or N.A. TO REC YES YES	CEIVE

I 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 fines and imprisonment for knowing violations.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to discharge storm water associated with construction activity under this general permit. I understand that discharging pollutants associated with construction activity to waters of the State without proper permit coverage is in violation of state law.

I am aware of the significant changes in the renewed arge Construction Storm Water General Permit and certify the SWPPP for this project

Signature DEM JR toreines OWG Printed Name

Date Signed

DEVELOPERS

<sup>1</sup>This application for re-coverage shall be signed according to ACT12, T-7 of the General Permit, 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.

After signing please mail to:

Chief, Environmental Permits Division,

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