

AI #24292

Rachel

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MAR 16 2011

MDEQ



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVITIES 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 **4372**

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. SWPPP amendments with the sole intent of incorporating new 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: GEORGE TOBEY
COMPANY NAME: LOWER BAY ESTATES, LLC
STREET OR P.O. BOX: 240 CONSAUL ROAD
CITY: ALBANY STATE: NY ZIP: 12205
PHONE NUMBER (INCLUDE AREA CODE): 518-869-2227

PROJECT/SITE INFORMATION

PROJECT NAME: LOWER BAY ESTATES SUBDIVISION
 CONTACT NAME & POSITION: GEORGE TOBEY
 CONTACT PHONE NUMBER (INCLUDE AREA CODE): 518-869-2227
 PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: LOWER BAY ROAD
 CITY: BAY ST. LOUIS COUNTY: HANCOCK ZIP: 395
 PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:
 LATITUDE: 30 degrees 17 minutes 25 seconds LONGITUDE: 89 degrees 24 minutes 59 seconds

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)


THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERY.

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? ☒ YES ☐ NO
2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? ☒ YES ☐ NO
3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES ONLY FROM THE SURFACE OF THE BASIN (ACT5, T-5 (A))? ☒ YES or N.A. ☐ NO
4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT? ☒ YES ☐ NO
5. DOES THE SWPPP REQUIRE VEGETATIVE PRACTICES TO BEGIN WITHIN 7 DAYS WHEN A DISTURBED AREA WILL BE LEFT FOR 14 DAYS (ACT5, T-4 (1)), INSTEAD OF 30 DAYS AS REQUIRED BY THE PREVIOUS PERMIT? ☒ YES ☐ NO

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 Large Construction Storm Water General Permit and certify the SWPPP for this project has been modified to incorporate these changes.

Signature: 
 Printed Name: GEORGE T. TOBEY

Date Signed: MARCH 10, 2011
 Title: MANAGING MEMBER

¹This 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



DUKE LEVY & ASSOCIATES, P.A.
Civil Engineers & Land Surveyors

1711 Waveland Avenue

Waveland, MS 39576-2323

March 15, 2011

RECEIVED
MAR 16 2011
Dept of Environmental Quality
Office of Pollution Control

Mr. Jim Morris
Chief Environmental Permits Division
MDEQ, Office of Pollution Control
PO Box 2261
Jackson, MS 39225

RE: Lower Bay Estates Subdivision
Ref. No. MSR104372
Hancock County

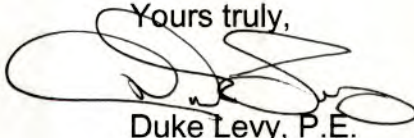
Dear Mr. Morris:

Enclosed please find for your review and approval the completed and executed "Re-Coverage Form" as required by the instructions in your Feb 14, 2011 letter. It is our understanding that with the approval of this "Re-Coverage Form" that the referenced project will be covered under a valid permit until December 31, 2015. Since the coverage recipient does not have access to the internet, we are requesting that MDEQ mail a certificate of coverage to:

Mr. George Tobey
240 Consaul Road
Albany, NY 12205

If you have any questions concerning this "Re-Coverage Form", please contact me at 228-467-5212 or email me at dukelevyassoc@aol.com.

Yours truly,



Duke Levy, P.E.