

MSR10 8402

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☒ OWNER ☐ PRIME CONTRACTOR

## OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: John Ward  
OWNER COMPANY LEGAL NAME: AITX Rail Car Services, LLC  
OWNER STREET OR P.O. BOX: 100 Clark Street  
OWNER CITY: St. Charles STATE: MO ZIP: 63301  
OWNER PHONE #: (636) 940-6000 OWNER EMAIL: jward@aitx.com

## PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Crosby Childress, P.E.  
PRIME CONTRACTOR COMPANY LEGAL NAME: Forcum Lannom Contractors, LLC  
PRIME CONTRACTOR STREET OR P.O. BOX: 350 US Hwy 51 Bypass S (PO Box 768)  
PRIME CONTRACTOR CITY: Dyersburg STATE: TN ZIP: 38024  
PRIME CONTRACTOR PHONE #: (731) 287-4714 PRIME CONTRACTOR EMAIL: cchildress@flcmail.com

## FACILITY SITE INFORMATION

FACILITY SITE NAME: AITX Rail Car Services, LLC  
FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projects indicate the beginning of the project and identify all counties the project traverses.)  
STREET: N Park Lane  
CITY: Brookhaven STATE: MS COUNTY: Lincoln ZIP: 39601  
FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A  
LATITUDE: 31 degrees 36 minutes 01 seconds LONGITUDE: 90 degrees 25 minutes 59 seconds  
LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Earth  
TOTAL ACREAGE THAT WILL BE DISTURBED <sup>1</sup>: 46 acres  
IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES ☐ NO ☒  
IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: \_\_\_\_\_  
AND PERMIT COVERAGE NUMBER: MSR10 \_\_\_\_\_  
ESTIMATED CONSTRUCTION PROJECT START DATE: 2022-02-01  
YYYY-MM-DD  
ESTIMATED CONSTRUCTION PROJECT END DATE: 2023-01-01  
YYYY-MM-DD  
DESCRIPTION OF CONSTRUCTION ACTIVITY: New Repair Shop & Blast/paint Facility  
PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:  
New Facility  
SIC Code \_\_\_\_\_ NAICS Code \_\_\_\_\_

**NEAREST NAMED RECEIVING STREAM:** Tributary to Bogue Chitto

**IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES?** (The 303(d) list of impaired waters and TMDL stream segments may be found on MDEQ's web site: [http://www.deq.state.ms.us/MDEQ.nsf/page/TWB\\_Total\\_Maximum\\_Daily\\_Load\\_Section](http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)) YES ☐ NO ☒

**HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?** YES ☐ NO ☒

**ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDARY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY?** YES ☐ NO ☒

**EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):**  
Bude Silt Loam

**WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?** YES ☐ NO ☒

**IF YES, INDICATE THE TYPE OF FLOCCULANT.** ☐ ANIONIC POLYACRYLAMIDE (PAM)  
☐ OTHER \_\_\_\_\_

**IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?** YES ☐ NO ☒

<sup>1</sup>Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft<sup>2</sup> per lot (entire lot, if smaller) shall be included in calculating acreage disturbed.

**DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS**

COVERAGE UNDER THIS PERMIT WILL NOT BE GRANTED UNTIL ALL OTHER REQUIRED  
MDEQ PERMITS AND APPROVALS ARE SATISFACTORILY ADDRESSED

**IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?**

YES ☒

NO ☐

**IF YES, CHECK ALL THAT APPLY:** ☒ AIR ☐ HAZARDOUS WASTE ☐ PRETREATMENT

☐ WATER STATE OPERATING

☐ INDIVIDUAL NPDES

☐ OTHER: \_\_\_\_\_

**IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.)** YES ☐ NO ☒

**IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:**

- The project has been approved by individual permit, or
- The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or
- The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required

**IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Water, Dam Safety.)** YES ☐ NO ☒

**IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED? Check one of the following and attach the pertinent documents.**

- ☐ Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form or approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications can not be provided at the time of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow.
- ☐ Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date: \_\_\_\_\_.)
- ☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.
- ☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.

**INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY:**

City of Brookhaven

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 fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature of Applicant<sup>1</sup> (owner or prime contractor)

\_\_\_\_\_  
Date Signed

**Crosby Childress**

\_\_\_\_\_  
Printed Name<sup>1</sup>

\_\_\_\_\_  
Title

<sup>1</sup>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

Please submit the LCNOI form to:

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

# PRIME CONTRACTOR CERTIFICATION

## LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 \_\_\_\_\_ County \_\_\_\_\_

(Fill in your Certificate of Coverage Number and County)



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

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: Crosby Childress, P.E. PHONE NUMBER: (731) 287-4714

PRIME CONTRACTOR COMPANY: Forcum Lannom Contractors, LLC

PRIME CONTRACTOR STREET (P.O. BOX): 350 US Hwy 51 Bypass S (PO Box 768)

PRIME CONTRACTOR CITY: Dyersburg STATE: TN ZIP: 38024

E-MAIL ADDRESS: cchildress@flcmail.com

### OWNER INFORMATION

OWNER CONTACT PERSON: John Ward PHONE NUMBER: (636) 940-6000

OWNER COMPANY NAME: AITX Rail Car Services, LLC

### PROJECT INFORMATION

PROJECT NAME: New Repair Shop & Blast/paint Facility

DESCRIPTION OF CONSTRUCTION ACTIVITY: New Repair Shop & Blast/paint Facility

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: N. Park Lane

CITY: Brookhaven COUNTY: Lincoln

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<sup>1</sup>

Date Signed

Crosby Childress

Printed Name<sup>1</sup>

Title

<sup>1</sup>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

Keep a Copy Available at the Permitted Facility or Locally Available  
Submit the Inspection Reports Only if Requested by the Mississippi Department of Environmental Quality (MDEQ)

**LARGE CONSTRUCTION GENERAL PERMIT  
SITE INSPECTION AND CERTIFICATION FORM  
COVERAGE NUMBER (MSR10 \_\_\_\_\_)**



**INSTRUCTIONS**

Results of construction storm water inspections required by ACT6 of this permit shall be recorded on this report form and kept with the Storm Water Pollution Prevention Plan (SWPPP) in accordance with the inspection documentation provisions of ACT9 of the this permit. Inspections shall be performed at least weekly for a minimum of four inspections per month. The coverage number must be listed at the top of all Inspection and Certification Forms.

**COVERAGE RECIPIENT INFORMATION**

OWNER/PRIME CONTRATOR NAME: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
PROJECT STREET ADDRESS: \_\_\_\_\_  
PROJECT CITY: \_\_\_\_\_ PROJECT COUNTY: \_\_\_\_\_  
OWNER/PRIME CONTRACTOR MAILING ADDRESS: \_\_\_\_\_  
MAILING CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**INSPECTION DOCUMENTATION**

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan (SWPPP) and sound engineering practices as required by the above referenced permit. I further certify that the LCNOL and SWPPP information is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**MAJOR MODIFICATION FORM  
FOR LARGE CONSTRUCTION GENERAL PERMIT**  
Coverage No. MSR10 \_\_\_\_\_ County \_\_\_\_\_



**INSTRUCTIONS**

Coverage recipients shall notify the Mississippi Department of Environmental Quality at least 30 days in advance of the following activities (check all that apply). This form should be submitted with a modified Storm Water Pollution Prevention Plan (SWPPP), updated USGS topographic map, Corps of Engineers Section 404 documentation and wastewater collection and treatment information, as appropriate.

☐ SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered project.

☐ "Footprint" identified in the original LCNOI is proposed to be enlarged.

This form must be signed by the current coverage recipient under Mississippi's Large Construction General Permit. A different developer of new phases of existing subdivisions must apply for separate permit coverage through the submittal of a new complete LCNOI package. Coverage recipients are authorized to discharge storm water associated with proposed expansions of existing subdivisions or subsequent phases, under the conditions of the General Permit, only upon receipt of written notification of approval by MDEQ. All other modifications, such as changes of erosion and sediment controls used, must be in accordance with ACT6, S-1 (6) and S-2 (7) of the General Permit.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

**COVERAGE RECIPIENT INFORMATION**

COVERAGE RECIPIENT CONTACT NAME: \_\_\_\_\_ TEL # (\_\_\_\_) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET OR P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PROJECT INFORMATION**

PROJECT NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

ADDITIONAL ACREAGE TO BE DISTURBED: \_\_\_\_\_ TOTAL PROJECT ACREAGE: \_\_\_\_\_

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 fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature (must be signed by coverage recipient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Please submit this form to:

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

# Environmental Permits for Industrial Facilities

## Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<b>Item I.</b>  Facility Name: _____  Location: (Do Not Use P.O. Box)  Street: _____  City: _____ State: <u>MS</u> Zip: _____  County: _____  Telephone: (____) _____	<b>Item II.</b>  Responsible official after transfer or name change:  Name: _____  Title: _____  Mailing Address: Street/P.O. Box: _____  City: _____ State: _____ Zip: _____  Telephone (____) _____
<b>Item III.</b>  Previous Permittee <sup>1</sup> : _____  Mailing Address: Street/P.O. Box: _____  City: _____ State: _____ Zip: _____  Telephone: (____) _____	<b>Item IV.</b>  New Permittee <sup>1</sup> : _____  Mailing Address: Street/P.O. Box: _____  City: _____ State: _____ Zip: _____  Telephone: (____) _____
<b>Item V.</b> Industrial Activity      SIC Code: _____  Brief Description: _____	<b>Item VI.</b>  Will Facility Operations Change?    Yes _____ No _____  If yes, the appropriate applications and permits may require modification prior to change.
<b>Item VII.</b>  Will Facility Name Change?    Yes _____ No _____  If Yes, Provide New Name for Permit Coverage.  New Name: _____	<b>Item VIII.</b>  Signature for Name Change  Print Name: _____  Authorized Signature <sup>2</sup> : _____  Title: _____ Date: _____
<b>Item IX.</b> We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.  From: _____  To: _____ Acquisition Date: _____	
By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.	
_____ Print New Permittee <sup>1</sup> Name	_____ Print Previous Permittee <sup>1</sup> Name
_____ New Authorized Signature <sup>2</sup>	_____ Previous Authorized Signature <sup>2</sup>
_____ Title	_____ Title
_____ Date	_____ Date

<sup>1</sup> A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup> Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 2, Ch. 2. and 11 Miss. Admin. Code Pt. 6, Ch. 1.



**Mississippi Department of Environmental Quality/Office of Pollution Control**  
**P.O. Box 2261**  
**Jackson, Mississippi 39225**  
**(601) 961-5171**

<p><b>Item X. Storm Water</b></p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p><b>Item XI. Hazardous Waste ID Number</b></p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
<p><b>Item XII. Permit(s) and/or Coverage(s) to be Transferred</b></p>	
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p><b>OTHER INFORMATION:</b></p>    

# INSPECTION SUSPENSION FORM

## UNDER LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

### INSTRUCTIONS

Coverage recipients under Mississippi's Large Construction Storm Water General Permit may temporarily suspend required weekly inspections of erosion and sediment controls and monthly record keeping by submission of this form. Inspections may be suspended only when land disturbing activities have ceased, no further land disturbing activities are planned for a period of at least six (6) months, the site is stable with no active erosion, and vegetative cover has been established (see ACT9, S-1). The coverage recipient is responsible for all permit conditions during the suspension period and nothing in this condition shall limit the rights of MDEQ to take enforcement or other actions against the coverage recipient. Once land disturbing activities resume MDEQ must be notified and all inspections and record keeping required by the permit must also resume. Color photographs, representative of the construction site, must be submitted with this inspection form.

### COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET OR P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # (INCLUDE AREA CODE): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### PROJECT INFORMATION

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER: **MSR10** \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

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 fine and imprisonment for knowing violations. I further certify that: land disturbing activities have ceased, no further land disturbing activities are planned for a period of at least six (6) months, the site is stable with no active erosion, and vegetative cover has been established.

\_\_\_\_\_  
Signature (must be signed by coverage recipient)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Please submit this form to:

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

Revised: 12/10/2016

# Request for Termination (RFT) of Coverage



**LARGE CONSTRUCTION GENERAL PERMIT**  
Coverage No. MSR10 \_\_\_\_\_ County \_\_\_\_\_  
(Fill in your Certificate of Coverage Number and County)

This form must be submitted within thirty (30) days of achieving final stabilization (see ACT10, S-1 of general permit). Failure to submit this form is a violation of permit conditions.

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).

(Please Print or Type)

Project Name: \_\_\_\_\_

Physical Site Street Address (if not available, indicate nearest named road): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Coverage Recipient Company Name: \_\_\_\_\_

Street Address / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coverage Recipient Contact Name and Position: \_\_\_\_\_ Tel. #: (\_\_\_\_) \_\_\_\_\_

Has another owner(s) or operator(s) assumed control over all areas of the site that have not reached final stabilization?

## RESIDENTIAL SUBDIVISIONS:

- ☐ YES. A copy of the Registration Form for Residential Lot Coverage for each lot or out parcel that has been sold and a site map, indicating which lots have been sold, are attached.
- ☐ NO. Coverage may not be terminated until all areas have reached final stabilization.

## COMMERCIAL DEVELOPMENT:

- ☐ YES. A copy of the site map, indicating which out-parcels have been sold, is attached.
- ☐ NO. Coverage may not be terminated until all areas have reached final stabilization.

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 understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with construction activity under this general permit. Discharging pollutants associated with construction activity to waters of the State without proper permit coverage is a violation of state law. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print) \_\_\_\_\_ Telephone \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

This application shall be signed according to the General Permit, ACT11, T-7 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