

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 8 4 7 4

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 by April 30, 2022.

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).

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Permits will be issued in the company name as it is registered with the Mississippi Secretary of State.

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 permit conditions do not need to be submitted to MDEQ for review and/or approval.</u>

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: Don Gaddy, M	lember			
COMPANY LEGAL NAME: Gaddy Developme	ent, Inc.			
STREET OR P.O. BOX: 18072 Commission	Road			
CITY: Long Beach	_STATE:	MS	_ZTP:_	39560
PHONE NUMBER: (228) 861-7503 (cell)	E-MAIL: _	dgaddy9785@aol.com		

M- received via email 3.8.22

VESSSER DEPARTMENT OF

LARGE CONSTRUCTION CENERAL CERNIT

FOR LAND DESIGNED ACTIVIES OF FIVE(S) OR MORE ACRES

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CONTACT WALES FOREIGN, LOS GACINY, METABEL
COMPANY LEGAL NAMES Goodly Development Inc.
STREAT DECRE NO 18072 Commission Road.
C to Long Beachstate: MSstate: MS
рг. мі меслиме (228) 961-7503 (сай) веледы dgaddyb785ggashan

Record in the residence

FACILITY SITE INFORMATION

	FACIDITI OITI	JIN OIGHANION				
FACILITY SITE NAME:Jubilee	(aka Jackson Lakes) S	ubdivision (550 lots)				
CONTACT NAME & POSITION:	Don Gaddy, Member					
CONTACT PHONE NUMBER: (2		ell)	•			
FACILITY PHYSICAL SITE ADDRE)):			
STREET: Joe Batt Rd / Jim	Ramsay Rd		•			
CITY: Vancleave		Jackson	ZIP: 39	9565		
PROVIDE THE COORDINATES OF						
			utes 38 seconds			
LATITUDE: 30 degrees 33 minutes 1.8 seconds LONGITUDE: 88 degrees 49 minutes 38 seconds LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Earth						
TOTAL ACREAGE DISTURBED: _			D DATE: 2026	-12-1		
				MM-DD		
		PREVENTION PLAN (SWI				
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 RECOVERAGE.						
1. IS A COPY OF THE SWPPP AT	THE PERMITTED SITE OR I	OCALLY AVAILABLE?	X YES	□ №		
2. DOES SWPPP CONTAIN AN UP POLLUTANT SOURCES AND II			X YES	☐ NO		
3. IF A SEDIMENT BASIN IS A PF STRUCTURE THAT DISCHARG (ACTS, T-6 (A))?	ROJECT BMP, IS IT EQUIPPE GES <u>ONLY</u> FROM THE SURF	D WITH AN OUTLET ACE OF THE BASIN	X YES or N.A	. NO		
4. DOES SWPPP PROHIBIT THE	DISCHARGES LISTED IN AC	T2, T-3 (3) OF THE PERMIT?	X 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 has been modified to inforporate these	the renewed Large Construction			for this project		
Wordd K. Ot	Belefy &	March 8, 2	.022			
Signature ¹	1 [Date Signed				
Don Gaddy Printed Name ¹	(Member Title				
This application for re-coverage shall be signed according to ACT11. 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 MS Department of Environm P.O. Box 2261 Jackson, Mississippi 39225	s Division, ental Quality, Office of Pollution Co	atrol			
Electronically:	https://www.mdeq.ms.gov/cor	nstruction-stormwater/				

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CONTACT WAS ENGREEN DOR GEORG MICHIGER
i en el el medici editario (228) <u>884-7503 (664)</u>
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