



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 8270

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. 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: Honorable D. Lynn Spruill

COMPANY LEGAL NAME: Oktibbeha County Economic Development Authority (OCEDA)

STREET OR P.O. BOX: 200 E. Main Street

CITY: Starkville STATE: MS ZIP: 39759

PHONE NUMBER: 662 323-3322 E-MAIL: l.spruill@cityofstarkville.org

ml-received via email 4.21.22

FACILITY SITE INFORMATION

FACILITY SITE NAME: OCEDA Industrial Park - Building Pad Mass Grading

CONTACT NAME & POSITION: D. Lynn Spruill, President

CONTACT PHONE NUMBER: (662) 323-3322

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: Jack Wallace Blvd

CITY: Starkville COUNTY: Oktibbeha ZIP: 39759

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:

LATITUDE: 33 degrees 29 minutes 55 seconds LONGITUDE: 88 degrees 49 minutes 45 seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Map Interpolation

TOTAL ACREAGE DISTURBED: 8.8 +/- ESTIMATED CONSTRUCTION PROJECT END DATE: 2022-12-01
YYYY-MM-DD

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

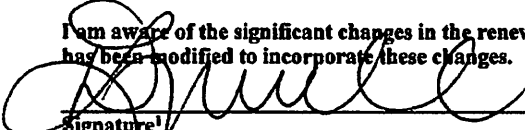
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERY.

- | | | | | |
|---|-------------------------------------|-------------|--------------------------|----|
| 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. 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 (ACT5, T-6 (A))? | <input checked="" type="checkbox"/> | YES or N.A. | <input type="checkbox"/> | NO |
| 4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT? | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | 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.



 Signature¹
 D. Lynn Spruill

 Printed Name¹

3-31-22

 Date Signed
 President

 Title

¹This 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 Division,
 MS Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261
 Jackson, Mississippi 39225

Electronically: <https://www.mdeq.ms.gov/construction-stormwater/>


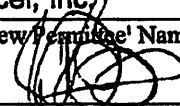
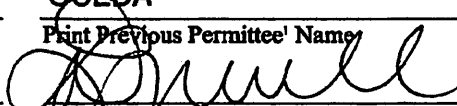
Environmental Permits for Industrial Facilities

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.

<p>Item I.</p> <p>Facility Name: <u>OCEDA Industrial Park - Bldg Pad</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>Jack Wallace Blvd</u></p> <p>City: <u>Starkville</u> State: <u>MS</u> Zip: <u>39759</u></p> <p>County: <u>Oktibbeha</u></p> <p>Telephone: <u>662</u>) 323-3322</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Dan Haarmann</u></p> <p>Title: <u>Construction Manager</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>2201 North Willenborg St. Ste. 2</u></p> <p>City: <u>Effingham</u> State: <u>IL</u> Zip: <u>62401</u></p> <p>Telephone: <u>(217)</u> 621-6560</p>
<p>Item III.</p> <p>Previous Permittee¹: <u>OCEDA</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>200 E. Main Street</u></p> <p>City: <u>Starkville</u> State: <u>MS</u> Zip: <u>39759</u></p> <p>Telephone: <u>(662)</u> 323-3322</p>	<p>Item IV.</p> <p>New Permittee¹: <u>Agracel, Inc.</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>2201 North Willenborg St. Ste. #1</u></p> <p>City: <u>Effingham</u> State: <u>IL</u> Zip: <u>62401</u></p> <p>Telephone: <u>(217)</u> 342-4443</p>
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: <u>Speculative Building</u></p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>
<p>Item VII.</p> <p>Will Facility Name Change? Yes <input checked="" type="checkbox"/> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Agracel Speculative Building-Starkville</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>Dean Bingham</u></p> <p>Authorized Signature²: </p> <p>Title: <u>CEO - Agracel, Inc.</u> Date: <u>03-24-2022</u></p>
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>Oktibbeha County Economic Development Authority (OCEDA)</u></p> <p>To: <u>Agracel, Inc.</u> Acquisition Date: <u>2/7/2022</u></p> <p>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.</p>	
<p><u>Agracel, Inc.</u></p> <p>Print New Permittee¹ Name</p> <p></p> <p>New Authorized Signature²</p> <p><u>CEO - Agracel, Inc.</u> <u>3-24-22</u></p> <p>Title Date</p>	<p><u>OCEDA</u></p> <p>Print Previous Permittee¹ Name</p> <p></p> <p>Previous Authorized Signature²</p> <p><u>Stender</u> <u>3-31-22</u></p> <p>Title Date</p>

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

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

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

<p>Item X. Storm Water</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 checked="" 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>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input checked="" 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>
Item XII. Permit(s) and/or Coverage(s) to be Transferred	
<p>Permit Type: <u>LCG NPDES Permit</u></p> <p>Permit/Coverage No.: <u>MSR 108270</u></p> <p>Permit Issuance Date: <u>9/28/2020</u></p> <p>Date of General Permit Coverage: <u>9/28/2020</u></p> <p>Permit Expiration Date: <u>1/31/2027</u></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>
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