

AI: 70838



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. MSR107311

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: Scot Waller owner

COMPANY LEGAL NAME: Waller Farms

STREET OR P.O. BOX: 155 Scott Waller Dr.

CITY: Jarrow STATE: MS ZIP: 39443

PHONE NUMBER: (601) 498-2622 E-MAIL: chacitywaller81@gmail.com

re-received via email 5.24.22

FACILITY SITE INFORMATION

FACILITY SITE NAME: Waller Farms
 CONTACT NAME & POSITION: Scott Waller Owner
 CONTACT PHONE NUMBER: 601, 498-2622
 FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: 157 Scott Waller Dr.
 CITY: Osborne COUNTY: Wayne ZIP: 39443
 PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT Lat: 31.61438° Long -88.89745
 LATITUDE: ___ degrees ___ minutes ___ seconds LONGITUDE: ___ degrees ___ minutes ___ seconds
 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): _____
 TOTAL ACREAGE DISTURBED: 4 1/2 ESTIMATED CONSTRUCTION PROJECT END DATE: 2022/07/31
 YYY-YY-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? 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-6 (A))? YES or N.A. NO

4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE 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.

Scott Waller
 Signature¹
Scott Waller
 Printed Name¹

5-23-22
 Date Signed
Owner
 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
<https://www.mdeq.ms.gov/construction-stormwater/>

Electronically:

PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR104 318 County Wayne

(Fill in your Certificate of Coverage Number and County)



MISSISSIPPI DEPARTMENT OF
TRANSPORTATION CERTIFICATE

By completing and submitting this form to VIDEO, 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 several responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of state waters or discharges or disposes of solid waste in a location where they are likely to cause pollution of any waters of the state shall remain subject to all applicable federal, state laws and regulations and applicable permits.

PRIME CONTRACTOR INFORMATION

PRIME CONTACT PERSON: Kenny Flowers PHONE NUMBER: 601 319-2746

PRIME CONTRACTOR COMPANY: Kenny Flowers Const.

PRIME CONTRACTOR ADDRESS (P.O. BOX): 39 Ellisville-Turner Rd.

PRIME CONTRACTOR CITY: Ellisville STATE: MS ZIP: 39437

OWNER INFORMATION

OWNER CONTACT PERSON: Scott Waller PHONE NUMBER: 601 498-2622

OWNER COMPANY NAME: Waller Farms

PROJECT INFORMATION

PROJECT NAME: Waller Farms Poultry Farm

DESCRIPTION OF CONSTRUCTION ACTIVITY: 2 Mobile Houses Construction

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: 157 Scott Waller Dr.

CITY: Laurel, MS 39443 COUNTY: Wayne County

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.

Kenny Flowers
Prime Contractor Signature

5-7-22
Date Signed

Kenny Flowers
Printed Name

Owner
Title

- 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 39215

7020 1290 0000 1162 3385

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

1103981 TX 73076

OFFICIAL USE

| | | |
|--|--------|------------|
| Certified Mail Fee | \$3.75 | 0442 |
| \$ | \$0.00 | 03 |
| Extra Services & Fees (check box, add fee as appropriate) | | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | \$0.00 |
| Postage | \$0.58 | |
| \$ | | |
| Total Postage and Fees | \$4.33 | 05/10/2022 |
| Sent To | | |
| Street and Apt. No., or PO Box No. | | |
| City, State, ZIP+4® | | |

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0000 1162 3347

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Jackson, MS 39225

OFFICIAL USE

| | | |
|--|--------|------------|
| Certified Mail Fee | \$3.75 | 0442 |
| \$ | \$0.00 | 03 |
| Extra Services & Fees (check box, add fee as appropriate) | | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | \$0.00 |
| Postage | \$1.96 | |
| \$ | | |
| Total Postage and Fees | \$5.71 | 05/10/2022 |
| Sent To | | |
| Street and Apt. No., or PO Box No. | | |
| City, State, ZIP+4® | | |

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0000 1162 3361

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Louise, MS 39443

OFFICIAL USE

| | | |
|--|--------|------------|
| Certified Mail Fee | \$3.75 | 0442 |
| \$ | \$0.00 | 03 |
| Extra Services & Fees (check box, add fee as appropriate) | | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | \$0.00 |
| Postage | \$0.58 | |
| \$ | | |
| Total Postage and Fees | \$4.33 | 05/10/2022 |
| Sent To | | |
| Street and Apt. No., or PO Box No. | | |
| City, State, ZIP+4® | | |

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0000 1162 3354

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Waynesboro, MS 39367

OFFICIAL USE

| | | |
|--|--------|------------|
| Certified Mail Fee | \$3.75 | 0442 |
| \$ | \$0.00 | 03 |
| Extra Services & Fees (check box, add fee as appropriate) | | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | \$0.00 |
| Postage | \$0.58 | |
| \$ | | |
| Total Postage and Fees | \$4.33 | 05/10/2022 |
| Sent To | | |
| Street and Apt. No., or PO Box No. | | |
| City, State, ZIP+4® | | |

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0000 1162 3378

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Pompano Beach, FL 33064

OFFICIAL USE

| | | |
|--|--------|------------|
| Certified Mail Fee | \$3.75 | 0442 |
| \$ | \$0.00 | 03 |
| Extra Services & Fees (check box, add fee as appropriate) | | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$ | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | \$0.00 |
| Postage | \$0.58 | |
| \$ | | |
| Total Postage and Fees | \$4.33 | 05/10/2022 |
| Sent To | | |
| Street and Apt. No., or PO Box No. | | |
| City, State, ZIP+4® | | |

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Laurel, MS 39443
 Weight: 0 lb 0.40 oz
 Estimated Delivery Date
 Thu 05/12/2022
 Certified Mail® \$3.75
 Tracking #:
 70201290000011823361

Total \$4.33

 Grand Total: \$23.03

Cash \$100.03
 Change -\$77.00

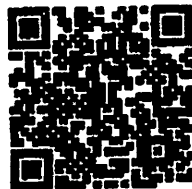
 Every household in the U.S. is now
 eligible to receive a second set
 of 4 free test kits.
 Go to www.covidtests.gov

Text your tracking number to 28777 (2USPS)
 to get the latest status. Standard Message
 and Data rates may apply. You may also
 visit www.usps.com USPS Tracking or call
 1-800-222-1811.

Preview your Mail
 Track your Packages
 Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage.
 Refunds for guaranteed services only.
 Thank you for your business.

Tell us about your experience.
 Go to: <https://postalexperience.com/Pos>
 or scan this code with your mobile device.



or call 1-800-410-7420.

 UFN: 274161-0442
 Receipt #: 840-53900326-2-8507144-2
 Clerk: 03



CHOCTAW
 140 LECNTYNE PRICE BLVD
 LAUREL, MS 39440-9996
 (800)275-8777

05/10/2022 02:35 PM

 Product Qty Unit Price

First-Class Mail® 1 \$1.96
 Large Envelope

Jackson, MS 39225
 Weight: 0 lb 4.30 oz
 Estimated Delivery Date
 Fri 05/13/2022

Certified Mail® \$3.75
 Tracking #:

70201290000011823347

Total \$5.71

First-Class Mail® 1 \$0.58
 Letter

Prosper, TX 75078
 Weight: 0 lb 0.40 oz
 Estimated Delivery Date
 Fri 05/13/2022

Certified Mail® \$3.75
 Tracking #:

70201290000011823365

Total \$4.33

First-Class Mail® 1 \$0.58
 Letter

Pompano Beach, FL 33064
 Weight: 0 lb 0.40 oz
 Estimated Delivery Date
 Fri 05/13/2022

Certified Mail® \$3.75
 Tracking #:

70201290000011823378

Total \$4.33

First-Class Mail® 1 \$0.58
 Letter

Waynesboro, MS 39367
 Weight: 0 lb 0.50 oz
 Estimated Delivery Date
 Fri 05/13/2022

Certified Mail® \$3.75
 Tracking #:

70201290000011823354

Total \$4.33

First-Class Mail® 1 \$0.58
 Letter

Florance Bass

From: Florance Bass
Sent: Friday, August 12, 2022 12:49 PM
To: Tracy Tomkins
Subject: AI 70838

Tracy,

We received a construction recoverage form for the above AI. They had written the wrong permit number on it and it had us looking in the wrong direction. Anyway, I called Mr. Waller to see if they were still constructing houses to see if the recoverage was needed. He told me that they were adding two additional houses to their farm. I told him we also needed a major modification form and updated SWPPP for that work. I gave him the website address to find a major modification form. He asked if he should call Buster if he had questions. I told him yes, but I would also let you know as well. I wanted you to have a heads up because I didn't know if you would need any other changes to other permits as well. Thanks!

Florance Bass, P.E., BCEE
401/Stormwater Technical Lead
Environmental Permits Division
Mississippi Department of Environmental Quality