## ALS 80402 PRIME CONTRACTOR CERTIFICATION

## LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 8583

County Lowndes

(Fill in your Certificate of Coverage Number and County)



By completing and submitting this form to MDEQ, the prime contractor is certifying that (i) 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.

| P | R | IN   | AF | CONTI | AS | CT | OR           | INFO  | DRM | ATION | J |
|---|---|------|----|-------|----|----|--------------|-------|-----|-------|---|
|   | 1 | JUN. |    | CONT  |    |    | $\mathbf{v}$ | 11111 |     |       |   |

| PRIME CONTRACT   | OR INFORMA  | TION  |  |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|--|
| PRIME CONTRACTOR CONTACT PERSON: Landon B  | oyd   | PHONE NUM   | HONE NUMBER: ()6623282438  |  |  |  |  |  |  |
| PRIME CONTRACTOR COMPANY: West Brothers C  |   |   |  |  |  |  |  |  |  |
| PRIME CONTRACTOR STREET (P.O. BOX): 5716 Hwy   |   |   |  |  |  |  |  |  |  |
| PRIME CONTRACTOR CITY: Columbus  | ST.   | ATE. MS   | <sub>ZIP:</sub> 39702  |  |  |  |  |  |  |
| E-MAIL ADDRESS: lboyd@westbrothersconstru  | ction.com   | ATE   |  |  |  |  |  |  |  |
|  | ORMATION  |   |  |  |  |  |  |  |  |
| owner contact Person: Bob Calvert  | рно   | NE NUMBED.  | 362 <sub>3</sub> 4947101   |  |  |  |  |  |  |
| owner contact Person: Bob Calvert Phone Number: (662) 4947101 owner Company Name: Lowndes County Board of Supervisors  |   |   |  |  |  |  |  |  |  |
| PROJECT IN   | FORMATION   |   |  |  |  |  |  |  |  |
| PROJECT NAME: Highway 82 New Athletic Com  | nplex   |   |  |  |  |  |  |  |  |
| DESCRIPTION OF CONSTRUCTION ACTIVITY: New site   |   | ing, utilities, pav   | ing, parking, buildings)   |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |  |
| PHYSICAL SITE ADDRESS (If the physical address is not avaindicate the beginning of the project and identify all counties the STREET: 1336 North Frontage Road  | lable indicate the n  | nearest named ro  | ad. For linear projects,   |  |  |  |  |  |  |
| CITY: Columbus COUNT   | Y: Lowndes  |   |  |  |  |  |  |  |  |
| I certify that I am the prime contractor for this project and will comply permit. I further certify under penalty of law that this document and a accordance with a system designed to assure that qualified personnel p my inquiry of the person or persons who manage the system, or those p information submitted is, to the best of my knowledge and belief, true, penalties for submitting false information, including the possibility of fill Prime Contractor Signature  Prime Contractor Signature  Rob Winklepleck  Printed Name | Ill attachments were properly gathered and ersons directly respons accurate and complet ne and imprisonment 5/2/20  Date Si | prepared under my evaluated the info nsible for gatheringe. I am aware that tor knowing viola | direction or supervision in rmation submitted. Based on g the information, the |  |  |  |  |  |  |
| This application shall be signed as follows:   | This Prime Contractors  | s Certification form s  | shall be submitted to:   |  |  |  |  |  |  |

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.

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

Revised: 3/9/22

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