17. -14:



If previous NOI information is accurate, this Re-coverage is effective 10 calendar days from the below posted date.

Posted Date: Nov 28, 2005





MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

LARGE CONSTRUCTION STORM WATER GENERAL PERMIT RE-COVERAGE FORM

THE SUBMITTAL OF THIS FORM IS REQUIRED

FOR ACTIVE CONSTRUCTION SITES WITH PREVIOUS PERMIT COVERAGE
TO CONTINUE COVERAGE UNDER MISSISSIPPI'S REISSUED
LARGE CONSTRUCTION STORM WATER GENERAL PERMIT MSR10

COVERAGE NUMBER: MSR10 3 0 9 6 (found at the bottom left of the Certificate of Coverage and at the top right of the Letter of Instruction for Re-Coverage)

This coverage number must be completed with your specific project number or this form will be considered incomplete and returned.

INSTRUCTIONS

This form must be completed and returned to the address on page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

This form must be signed by the owner, the operator, or a duly authorized representative. For construction activities, the operator is typically the Prime Contractor.

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.

If the project is complete, please request termination of coverage by completing the Notice of Jermination of Coverage, Form found in the Large Construction Forms Package. This Re-Coverage Form is not required to be submitted if the facility is submitting a Notice of Termination of Coverage Form,

ALL INFORMATION MUST BE COMPLETED (Put "NA" if not applicable).

PLEASE CIRCLE ONE OF THE FOLLOWING ANY CORRESPONDENCE SHOULD BE MAILED TO: OWNER OPERATOR ADDRESS OR PR	OJECT ADDRESS
OWNER OPERATOR INFORMATION (CIRCLE ONE OR BO	TH)
CONTACT NAME & POSITION: DENNIS PIERCE DWNER COMPANY NAME: DENNIS PIERCE, INC.	
STREET OR P.O. BOX: 23 LIBERTY PLACE	
PHONE NUMBER (INCLUDE AREA CODE): 601-264-6800	39402

PROJECT	INFORM	AATION
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	PROJECT INFORMATION	B ills
PROJECT NAME: HERITALE	PLACE DEUELOPMENT	
CONTACT NAME & POSITION:	DENNIS PIERCE OWNER	
CONTACT PHONE NUMBER (INCLU	DE AREA CODE): 601-264-6800	
DESCRIPTION OF CONSTRUCTION	ACTIVITY: CONSTRUCTION OF 162 AC. LAKE AND	RESIDENTIAL
DEVENDMENT, INCLUDING RO	AOS + LAPLIDES	
PHYSICAL SITE ADDRESS (IF NOT INDICATE BEGINNING OF PROJEC	AVAILABLE INDICATE NEAREST NAMED ROAD - FOR LI	NEAR PROJECTS PROJECT TRAVERSES):
STREET: PURVIS - OLOH R	DAD	3700
CITY: HATTIESBURG CO	DUNTY: LAMAR	ZIP: 39402
	YORM WATER LEAVING THE SITE WILL ENTER:	
STOR	RM WATER POLLUTION PREVENTION PLAN (S	WPPP)
1. IS A COPY OF THE SWPPP AT TH	HE PERMITTED SITE OR LOCALLY AVAILABLE? (YES	NO)
2. IS THE SWPPP UP-TO-DATE AND IF NO, PLEASE ATTACH REQUIP	EFFECTIVE IN CONTROLLING STORM WATER POLLUTANT RED SWPPP AMENDMENTS.	S? (YES NO
I certify that the project continues as desc	ribed in the original Construction Notice of Intent,	
with a system designed to assure that qual the person or persons who manage the sys	this document and all attachments were prepared under my direction lifted personnel properly gathered and evaluated the information substem, or those persons directly responsible for gathering the information true, accurate and complete. I am aware that there are significant persons the second complete in the second complete.	the information submitted
I further certify that I understand when c activity under this general permit. I unde state without NPDES coverage is in violati	overage is terminated I am no longer authorized to discharge storm w rstand that discharging pollutants in storm water associated with ind ion of state law.	ater associated with industrial istrial activity to waters of the
Sternin &, the	11-15-05	The state of the s
Dennis L. Pierce	Pres	
Printed Name	Title	
 For a corporation, by a responsible cor For a partnership, by a general partnership, by the proprietorship, by the proprietorship. 	r. Setor.	
	acility, by principal executive officer, mayor, or ranking elected officer	al.
After signing please mail to:	Environmental Permits Division Office of Pollution Control	
	P.O. Box 10385 Jackson, MS 39289-0385	