

AI #17831

RE-COVERAGE FORM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM
(MS4) GENERAL PERMIT

RECEIVED
APR - 2 2009
Department of Environmental Quality
Office of Pollution Control

GENERAL PERMIT: MSRMS4022. This converge number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

INSTRUCTIONS

The submittal of this for is required to receive coverage under the reissued Small Municipal Separate Storm System (MS4) General Permit. This form, with an original signature, must be completed and returned to MDEQ at the address printed at the bottom of this form within 60 days of the date of the Letter of Instruction for Re-Coverage.

Submittals with this Re-Coverage Form must include:

- * A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit
- * Copies of current municipal storm water ordinances, of if not a city or county, copies of current regulatory mechanisms that address storm water management
- * A location map must be attached, if location boundaries have changed since initial coverage issuance
- * Copy of current Storm Water Pollution Prevention Plan (SWPPP) or Plans

Additional submittals may include:

- * Appendix A and associated Joint MST legal documents, if applicable

MS4 APPLICATION INFORMATION

MS4 NAME: Harrison County

MS4 MAILING ADDRESS: 15309C Community Road

MS4 CITY: Gulfport

STATE: MS

ZIP: 39503

MS4 COUNTY: Harrison

MS4 IS A: CITY/TOWN COUNTY OTHER

IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED? YES NO

MS4 POPULATION: 36,414

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation):

CONTACT TITLE: Daniel Boudreaux, County Engineer

OFFICE PHONE: 228-832-4891

CELL PHONE: 228-297-1647

FAX NUMBER: 228-831-3356

E-MAIL ADDRESS (local contact): engineering@co.harrison.ms.us

E-MAIL ADDRESS (legally responsible person): Marlin Ladner, President of the Board of Supervisors, ctaquino@co.harrison.ms.us (secretary)

SECONDARY LOCAL CONTACT NAME: Smokey Johnson, ljohnson@co.harrison.ms.us

OFFICE PHONE: 228-832-4891

CELL PHONE: NA

LOCATION AND DESCRIPTION OF MS4 (not required for cities and counties)

PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITARY BASES, DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (educational, hospitals, prisons, etc.):

NA

RECEIVING WATER INFORMATION

IDENTIFY THE MAJOR RECEIVING WATERS (named on a USGS Quad Map) WITHIN THE MS4 BOUNDARIES. IN ADDITION, NOTE THOSE THAT ARE 303(d) LISTED IMPAIRED WATERBODIES WITHIN THE PERMITTED AREA (a complete list of 303(d) listed impaired water bodies can be found on MDEQ's web site: <http://www.deq.state.ms.us>)

RECEIVING STREAM

Biloxi River
Little Biloxi River
Bayou Portage
Tchoutacabouffa River
Tuxachannie Creek
Wolf River

RECEIVING STREAM

Rotten Bayou (impaired)
Mallini Bayou (impaired)
Canal #3 (impaired)
Delisle Bayou (impaired)
Turkey Creek (impaired)
Flat Branch (impaired)
Mississippi Sound (impaired)

I certify under penalty of law that this document and all attachment 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.


Authorized Signature

3-23-09
Date

Marlin Ladner
Printed Name

President of the Board of Supervisors
Title

This application shall be signed according to the General permit, ACT 9, T-5 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 the principal executive officer, mayor, or ranking official

Please submit this form to: Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 226 1
Jackson, Mississippi 39225