

RECEIVED

Dept of Environmental Quality

LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVIES 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 470

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 within 30 days of the date of the Letter of Instruction for Re-Coverage.

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).

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: Mitchell	Hinton,	Pres	sident				
COMPANY NAME: Perry County	Board	70	Supervisors				
STREET OR P.O. BOX: P.O. BOX 345							
city: New Augusta st	ATE: MS		ZIP: 39462				
PHONE NUMBER (INCLUDE AREA CODE): 601- 964-8370							

	PROJECT/SI	TE INFORMATION			
PROJECT NAME: Perr	y County F	Rubbish Lou	dfill		
CONTACT NAME & POSITION:		inton Pres			
CONTACT PHONE NUMBER (IN	NCLUDE AREA CODE): 60		Cole# 60	01- 270-	3178
PHYSICAL SITE ADDRESS (IF N	NOT AVAILABLE INDICATE N	EAREST NAMED ROAD):			
	dfill Boad	1	: 24	THAT E	(wors
CITY: Richton	COUNTY:	0			39476
PROVIDE THE COORDINATES					
LATITUDE: 31 degrees 18			grees <u>57</u> min	utes <u>38</u> sec	conds
STO	ORM WATER POLLUTIO	ON PREVENTION PLAN	N (SWPPP)		
THE GENERAL PERMIT REQUI WATER POLLUTANTS. ACCOU RECOVERAGE.	IRES THE SWPPP TO BE ONSI	TE, UP-TO-DATE AND EFF	ECTIVE IN CO		
1. IS A COPY OF THE SWPPP	AT THE PERMITTED SITE OF	LOCALLY AVAILABLE?	X	YES	□ NO
	UP-TO-DATE ASSESSMENT O D IDENTIFY BMPS TO EFFEC			YES	□ NO
	A PROJECT BMP, IS IT EQUIPE ARGES <u>ONLY</u> FROM THE SUR		Ø	YES or N.A.	□ NO
4. DOES SWPPP PROHIBIT TI	HE DISCHARGES LISTED IN A	CT2, T-3 (3) OF THE PERM	IT? 🔯	YES	□ NO
	RE VEGETATIVE PRACTICES BE LEFT FOR 14 DAYS (ACTS EVIOUS PERMIT?			YES	No
I certify under penalty of law that the system designed to assure that quality person or persons who manage the state best of my knowledge and belief, information, including the possibility. I further certify that the project conterminated I am no longer authorized that discharging pollutants associated law.	ified personnel properly gathered system, or those persons directly r , true, accurate and complete. I a y of fines and imprisonment for k atinues as described in the origina ed to discharge storm water assoc	and evaluated the information esponsible for gathering the in m aware that there are signifi- mowing violations. I notice of intent. Also, I certifiated with construction activity	n submitted. Bas nformation, the i cant penalties fo fy that I understa y under this gen	sed on my inq nformation st r submitting f and when cover eral permit. I	uiry of the abmitted is, to alse erage is understand
I am aware of the significant change has been modified to incorporate th		tion Storm Water General Per	mit and certify t	the SWPPP fo	r this project
Signature Text	>	Date Signe	d 2-28-	-11	
Mitchell Hi	noton	Pres	ident		
Printed Name	11107	Title			
This application for re-coverage shall be For a corporation, by a responsible For a partnership, by a general par For a sole proprietorship, by the pr For a municipal, state or other pub	corporate officer.		icial.		
After signing please mail to:	Chief, Environmental Perm MS Department of Environ P.O. Box 2261 Jackson, Mississippi 39225	its Division, mental Quality, Office of Pollu	ition Control		