

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. MSR10 8580

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: Kenneth Jones - Owner

COMPANY LEGAL NAME: Gulf Coast Development and Design LLC

STREET OR P.O. BOX: 919 2nd Street

CITY: Gulfport STATE: MS ZIP: 39501

PHONE NUMBER: (228) 596-4471 E-MAIL: kenneth@gcdevelopmentdesign.com

m-received via email 3.15.22

LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVITIES OF FIVE (5) OR MORE ACRES E8-COVERPAGE FORM

FOR COVER SHEET INFORMATION, PLEASE REFER TO THE
LARGE CONSTRUCTION GENERAL PERMIT (E8-1) AND THE
GENERAL NOTICE OF CONSTRUCTION PERMIT (E8-2)

INSTRUCTIONS

The applicant of this form is required to provide coverage under the revised Large Construction General Permit (E8-1) for all activities that must be completed and returned to the department at the bottom of the form by April 30, 2017.

The applicant of this form must be the owner or agent of the owner, the current coverage recipient (contractor) and the project manager or environmental consultant.

If the applicant is a contractor, a completed, signed, and dated affidavit of insurance coverage must be submitted with the application. The affidavit must be signed by the contractor and must be dated on or before the date of the completion of the coverage form. The affidavit must be dated on or before the date of the completion of the coverage form.

A number to the form after initiation of construction (E8-1) must be provided to the applicant if the applicant is not a contractor or is a contractor who is not providing coverage under the permit. The applicant must provide the number to the applicant if the applicant is not a contractor or is a contractor who is not providing coverage under the permit.

If the project is completed within 60 days of initiation of construction, the applicant must provide the number to the applicant if the applicant is not a contractor or is a contractor who is not providing coverage under the permit. The applicant must provide the number to the applicant if the applicant is not a contractor or is a contractor who is not providing coverage under the permit.

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ALL INFORMATION REQUESTED MUST BE ANSWERED (AND NOT "N/A") IF NOT APPLICABLE.

COVER PAGE CURRENT INFORMATION

PROJECT NAME & POSITION	PROJECT ADDRESS
Gulf Coast Development and Design LLC	910 5th Street
PROJECT NUMBER	PROJECT DATE
10988	MS
PROJECT CONTACT	PROJECT PHONE
keneth@developmentanddesign.com	568-4471

FACILITY SITE INFORMATION

FACILITY SITE NAME: Landry Trace Subdivision

CONTACT NAME & POSITION: Kenneth Jones - Owner

CONTACT PHONE NUMBER: (228) 596-4471

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: Landon Road, south of Chapelwood Road

CITY: Gulfport (unincorporated area) COUNTY: Harrison ZIP: 39503

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:
 LATITUDE: 30 degrees 26 minutes 10 seconds LONGITUDE: -89 degrees 7 minutes 34 seconds
 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Earth

TOTAL ACREAGE DISTURBED: 34 ESTIMATED CONSTRUCTION PROJECT END DATE: 2023-12-31
 YYYYY-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 RECOVERAGE.

- | | | |
|---|---|-----------------------------|
| 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES <u>ONLY</u> FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))? | <input checked="" type="checkbox"/> YES or N.A. | <input type="checkbox"/> NO |
| 4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> 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.



 Signature¹
 Kenneth Jones

 Printed Name¹

3/15/2022

 Date Signed
 Owner - GCDD

 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
 Electronically: <https://www.mdeq.ms.gov/construction-stormwater/>

ACTIVITY REPORT

Study Trace Subdivision

Kennerly Jones - Owner

808-4411

288

PROPERTY OF THE STATE OF MISSISSIPPI - (IF NOT AT ALL, PLEASE PRINT THE CORRECT ADDRESS)

With a location Road, south of Chappelwood Road

38803

of 1/11, Hannon

(unincorporated area)

PROPERTY OF THE STATE OF MISSISSIPPI - (IF NOT AT ALL, PLEASE PRINT THE CORRECT ADDRESS)

1. I HAVE BEEN ADVISED THAT THE PROPERTY IS BEING USED FOR THE FOLLOWING PURPOSES: (Check all that apply)

2. I HAVE BEEN ADVISED THAT THE PROPERTY IS BEING USED FOR THE FOLLOWING PURPOSES: (Check all that apply)

3. I HAVE BEEN ADVISED THAT THE PROPERTY IS BEING USED FOR THE FOLLOWING PURPOSES: (Check all that apply)

808-4411

STATEMENT OF THE PROPERTY OWNER

STATEMENT OF THE PROPERTY OWNER: I, the undersigned, being the owner of the above described property, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

- 1. IN A COPY OF THE RECORD OF THE SUBDIVISION FOR THIS TRACT, DOES THE RECORD SHOW THAT THE PROPERTY IS BEING USED FOR THE FOLLOWING PURPOSES: (Check all that apply)
 - YES
 - NO
- 2. DOES THE RECORD OF THIS TRACT SHOW THAT THE PROPERTY IS BEING USED FOR THE FOLLOWING PURPOSES: (Check all that apply)
 - YES
 - NO
- 3. IN A COPY OF THE RECORD OF THE SUBDIVISION FOR THIS TRACT, DOES THE RECORD SHOW THAT THE PROPERTY IS BEING USED FOR THE FOLLOWING PURPOSES: (Check all that apply)
 - YES
 - NO
- 4. DOES THE RECORD PROHIBIT THE USE OF THE PROPERTY FOR THE FOLLOWING PURPOSES: (Check all that apply)
 - YES
 - NO

I certify under penalty of law that the document and all attachments were prepared by me or under my direct supervision and that I am a duly licensed professional engineer in the State of Mississippi. 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 contains no hazardous waste or other materials that require special handling, storage, or disposal. I have no knowledge of any hazardous waste or other materials that require special handling, storage, or disposal. I have no knowledge of any hazardous waste or other materials that require special handling, storage, or disposal.

I am aware of the significant effects on the environment of this project and certify that I have read and understand the Act for the project.

MISSISSIPPI

State of Mississippi

Owner - GORD

Title

Kennerly Jones

Printed Name

The undersigned hereby certifies that he is a duly licensed professional engineer in the State of Mississippi and that he is the owner of the above described property. He is aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Mississippi Department of Transportation
700 North State Street, Room 1000
Jackson, Mississippi 39201
P.O. Box 2201

(Continued)