



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 7 4 6 4

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: Mark J. Evans, Member

COMPANY LEGAL NAME: SE Development, LLC

STREET OR P.O. BOX: 1000 W. Nifong, Bldg. 4, Ste 200

CITY: Columbia STATE: MO ZIP: 65203

PHONE NUMBER: (573) 443-8385 E-MAIL: evans@bleyevanslaw.com

2 - received via email 3.8.22



DEPARTMENT OF ENVIRONMENTAL PROTECTION

RE-COVERAGE FORM

FOR COVERAGE UNDER THE FEDERAL POLLUTION LIABILITY ACT
FOR POLLUTING ACTS OF FIVE (5) OR MORE ACRES

INSTRUCTIONS

The subject of this form is required to receive coverage under the Federal Pollution Liability Act (PLA) for the period of the date of the date of the PLA (April 30, 2002) to the date of the date of the PLA (April 30, 2002).

The subject of this form must be the owner or operator (or both) of the facility at the time of the release of the pollutant (or pollutants) which caused or contributed to the release of the pollutant (or pollutants).

If the coverage is being provided to a corporation, a partnership, a trust, or a partnership, the coverage shall be provided to the corporation, partnership, trust, or partnership, as the case may be, and not to the individual owner or operator.

A certificate of coverage shall be issued to the owner or operator (or both) of the facility at the time of the release of the pollutant (or pollutants) which caused or contributed to the release of the pollutant (or pollutants).

Any conditions in the PLA which are not included in this form shall be included in the PLA for the facility and shall be included in the PLA for the facility.

If the project is complete and final, the PLA shall be included in the PLA for the facility and shall be included in the PLA for the facility.

The subject of this form is submitting a request for a re-coverage form (RTF) for the facility.

ALL INFORMATION REQUESTED MUST BE ANSWERED (Answer "NA" if not applicable)

COVERED FACILITY INFORMATION

CONTACT NAME & POSITION	Mark J. ...
COMPANY NAME	28 Development, LLC
STREET OR R.F.D. NO.	1000 W. ...
CITY	Columbus
STATE	OH
ZIP	43201

FACILITY SITE INFORMATION

FACILITY SITE NAME: Cardinal Pointe Subdivision

CONTACT NAME & POSITION: Mark J. Evans, Member

CONTACT PHONE NUMBER: (573) 443-8385

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: Tiffany Renee Drive off John Clark Road

CITY: Gulfport COUNTY: Harrison ZIP: 39503

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:

LATITUDE: 30 degrees 29 minutes 46.2 seconds LONGITUDE: 89 degrees 08 minutes 53.2 seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Earth

TOTAL ACREAGE DISTURBED: 14 acres ESTIMATED CONSTRUCTION PROJECT END DATE: 2022-05-01
YYYY-MM-DD

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

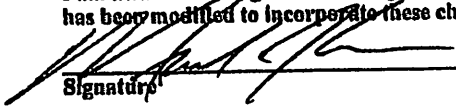
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERY.

- | | | |
|---|---|-----------------------------|
| 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 (ACTS, 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.



 Signature
Mark J. Evans

 Printed Name

March 8, 2022

 Date Signed
 align="center">Member

 Title

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

Electronically:

FACTS OF THE INFORMATION

PROJECT NAME: _____
 CONTACT PERSON: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PROJECT TYPE: _____
 ESTIMATED CONSTRUCTION PERIOD END DATE: _____
 TOTAL ACRES: _____
 ESTIMATED CONSTRUCTION PERIOD START DATE: _____
 LAT & LONG DATA SOURCE: _____
 LATITUDE: _____ DEGREE _____ MINUTE _____ SECOND _____
 LONGITUDE: _____ DEGREE _____ MINUTE _____ SECOND _____
 DATA SOURCE: _____

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO TO RECEIVE APPROVAL:
 1. IS A COPY OF THE SWPPP AT THE PROJECT SITE ON SITE? YES NO
 2. DOES SWPPP CONTAIN AN EROSION CONTROL PLAN? YES NO
 3. IS A SWPPP FOR THIS PROJECT BEING REQUESTED WITH AN OUTLET? YES NO
 4. DOES SWPPP PRESENT THE PROPOSED METHOD OF ADDRESSING THE PROBLEM? YES NO

I hereby certify that the project conforms to the requirements of the SWPPP. I understand that the SWPPP is a living document and must be updated as conditions change. I understand that the SWPPP is a legal document and must be maintained at the project site. I understand that the SWPPP is a requirement of the Clean Water Act and the National Pollutant Discharge Elimination Act. I understand that the SWPPP is a requirement of the National Sanitation Foundation. I understand that the SWPPP is a requirement of the National Sanitation Foundation. I understand that the SWPPP is a requirement of the National Sanitation Foundation.

I am aware of the fact that I am responsible for the SWPPP for this project. I understand that the SWPPP is a legal document and must be maintained at the project site. I understand that the SWPPP is a requirement of the Clean Water Act and the National Pollutant Discharge Elimination Act. I understand that the SWPPP is a requirement of the National Sanitation Foundation. I understand that the SWPPP is a requirement of the National Sanitation Foundation.

Date: March 9, 2025
 Signature: _____
 Title: Member

Approved by: _____
 Title: _____
 Date: _____
 Approved by: _____
 Title: _____
 Date: _____