



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 1976

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: Brian Reddoch, Director of Construction - Facilities Services

COMPANY LEGAL NAME: University of Mississippi Medical Center

STREET OR P.O. BOX: 2500 N. State Street

CITY: Jackson STATE: MS ZIP: 39216

PHONE NUMBER: (601) 984-1439 E-MAIL: breddoch@umc.edu

FACILITY SITE INFORMATION

FACILITY SITE NAME: University of Mississippi Medical Center

CONTACT NAME & POSITION: Brian Reddoch, Director of Construction – Facilities Services

CONTACT PHONE NUMBER: (601) 984-1439

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: 2500 N. State Street

CITY: Jackson COUNTY: Hinds ZIP: 39216

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:
 LATITUDE: 32 degrees 20 minutes 0.6 seconds LONGITUDE: 90 degrees 10 minutes 7.7 seconds
 LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): Google Earth

TOTAL ACREAGE DISTURBED: See Note 1 ESTIMATED CONSTRUCTION PROJECT END DATE: See Note 1
 YYYY-MM-DD

Note 1) Permit is for site wide comprehensive construction activities. A project start letter will be provided to MDEQ describing project disturbance and durations.

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 (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.

<u>Brian Reddoch</u> Signature ¹	<small>Digitally signed by Brian Reddoch Date: 2022.06.15 10:24:39 -05'00'</small>	<u>6/15/22</u> Date Signed
<u>Brian Reddoch</u> Printed Name ¹		<u>Director of Construction – Facilities Services</u> 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/>



June 16, 2022

Mrs. Florence Bass
Environmental Permitting Division
MDEQ Office of Pollution Control
P. O. Box 2261
Jackson, Mississippi 39225

Re: ***Large Construction Storm Water Permit Recoverage
University of Mississippi Medical Center - AI ID: 1837
2500 North State Street
Jackson, Hinds County, Mississippi***

Dear Mrs. Bass:

On behalf of UMMC, FC&E herewith submits the signed Permit Recoverage Form for UMMC's Large Construction Permit MSR101976. The large construction permit coverage includes construction activities proposed in the comprehensive site master plan. At this time no construction activities are taking place, however projects associated with the comprehensive master plan are expected to take place in the future. UMMC requests that coverage under the large construction stormwater permit be reissued to cover these proposed projects.

If you have any questions or comments, please feel free to contact Mr. Brian Reddoch with UMMC at 601-984-1439 or myself at (601) 824-1860.

Sincerely,

A handwritten signature in blue ink, appearing to read "Charles Cook".

Charles Cook, P.E.
FC&E Engineering, LLC

RECEIVED

JUN 20 2022

DEPT. OF ENVIRONMENTAL QUALITY