

# Request for Termination (RFT) of Coverage



LARGE CONSTRUCTION GENERAL PERMIT  
Coverage No. MSR10 7 8 0 7 County Harrison  
(Fill in your Certificate of Coverage Number and County)

This form must be submitted within thirty (30) days of achieving final stabilization (see ACT10, S-1 of general permit). Failure to submit this form is a violation of permit conditions.

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).

(Please Print or Type)

Project Name: Nature's Trail by DR Horton

Physical Site Street Address (if not available, indicate nearest named road): Lorraine Road and Natures Trail

City: Biloxi County: Harrison Zip: 39532

Coverage Recipient Company Name: DR Horton, Inc.

Street Address / P.O. Box: 25366 Profit Dr.

City: Daphne State: AL Zip: 36526

Coverage Recipient Contact Name and Position: Comer Louis Carter Tel. #: (251) 447-0329

Has another owner(s) or operator(s) assumed control over all areas of the site that have not reached final stabilization?

RESIDENTIAL SUBDIVISIONS:

YES. A copy of the Registration Form for Residential Lot Coverage for each lot or out parcel that has been sold and a site map, indicating which lots have been sold, are attached.

NO. Coverage may not be terminated until all areas have reached final stabilization.

COMMERCIAL DEVELOPMENT:

YES. A copy of the site map, indicating which out-parcels have been sold, is attached.

NO. Coverage may not be terminated until all areas have reached final stabilization.

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 understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with construction activity under this general permit. Discharging pollutants associated with construction activity to waters of the State without proper permit coverage is a violation of state law. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act

<u>Comer Louis Carter</u>	<u>251-447-0329</u>	<u>Comer L Carter</u>	<u>11/23/2021</u>
Authorized Name (Print)	Telephone	Signature	Date Signed

- This application shall be signed according to the General Permit, ACT11, T-7 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



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# INSPECTION SUSPENSION FORM

## UNDER LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

### INSTRUCTIONS

Coverage recipients under Mississippi's Large Construction Storm Water General Permit may temporarily suspend required weekly inspections of erosion and sediment controls and monthly record keeping by submission of this form. Inspections may be suspended only when land disturbing activities have ceased, no further land disturbing activities are planned for a period of at least six (6) months, the site is stable with no active erosion, and vegetative cover has been established (see ACT9, S-1). The coverage recipient is responsible for all permit conditions during the suspension period and nothing in this condition shall limit the rights of MDEQ to take enforcement or other actions against the coverage recipient. Once land disturbing activities resume MDEQ must be notified and all inspections and record keeping required by the permit must also resume. Color photographs, representative of the construction site, must be submitted with this inspection form.

### COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON:	<u>Comer Louis Carter</u>		
COMPANY NAME:	<u>DR Horton, Inc.</u>		
STREET OR P.O. BOX:	<u>25366 Profit Dr.</u>		
CITY:	<u>Daphne</u>	STATE:	<u>AL</u> ZIP: <u>36526</u>
PHONE # (INCLUDE AREA CODE):	<u>251-447-0329</u>	E-MAIL:	<u>CLCarter@drhorton.com</u>

### PROJECT INFORMATION

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER:	<u>MSR10</u> <u>7</u> <u>8</u> <u>0</u> <u>7</u>			
PROJECT NAME:	<u>Nature's Trail by DR Horton</u>			
CITY:	<u>Biloxi</u>	COUNTY:	<u>Harrison</u>	

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 fine and imprisonment for knowing violations. **I further certify that: land disturbing activities have ceased, no further land disturbing activities are planned for a period of at least six (6) months, the site is stable with no active erosion, and vegetative cover has been established.**

Comer L Carter

Signature (must be signed by coverage recipient)

Comer Louis Carter

Printed Name

11/23/2021

Date Signed

Assistant Secretary

Title

Please submit this form to:

Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225





# EcoSolutions

ENVIRONMENTAL MEDIATION, MANAGEMENT & PLANNING

November 19, 2021

Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
PO Box 2261  
Jackson, MS 39225-2261

RECEIVED  
NOV 29 2021  
MDEQ

RE: Inspection Suspension and Large Construction Termination of Coverage  
Nature's Trail by DR Horton (MSR107807)

To Whom It May Concern:

Enclosed are the Large Construction Inspection Suspension and Termination of Coverage forms for DR Horton, Inc. at Nature's Trail, MSR107807. The signed suspension and termination documents with photos are included in this package.

Please be aware all records and plans required under the permit will be kept at the EcoSolutions office at 1290 Main Street, Suite D, Daphne, AL 36526. The documents are available for review during business hours or by appointment.

Please contact us if you have any questions or need any additional information. You can reach us at 251-621-5006 or by email at [Lewis@ecosolutionsinc.net](mailto:Lewis@ecosolutionsinc.net).

Respectfully,

*Lewis Cassidey*

Lewis Cassidey  
EcoSolutions  
PO Box 361  
Montrose, AL 36559  
(251) 621-5006

P.O. Box 361 Montrose, AL 36559 251.621.5006  
Mail@EcoSolutionsinc.net