

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 8281

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 MDEO 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: Slade Patterson, Env	ironmental Manager		
COMPANY LEGAL NAME: BFI Waste System	s of North America, Inc.		
STREET OR P.O. BOX: 5494 Malone Rd			
CITY: Memphis	state: TN	ZIP: 38118	
PHONE NUMBER: (901) 619-0162	E-MAIL: SPatterson2@republicservices.com		

	FACILII I SITE INFORMA	ATION			
FACILITY SITE NAME: South Shelby Landfill					
CONTACT NAME & POSITION:	Slade Patterson, Environmental Manag	er			
CONTACT PHONE NUMBER: (90°					
FACILITY PHYSICAL SITE ADDRI	ESS (IF NOT AVAILABLE INDICATE NEAR	REST NAMED ROAD):			
STREET: North of Stateline Ro	oad between Malone Road and Pleas	ant Hill Road			
CITY: Olive Branch	COUNTY: Desoto	····	zip: _38	3654	
PROVIDE THE COORDINATES OF	THE PROJECT ENTRANCE OR START PO	DINT:			
LATITUDE: 34 degrees 59 minutes 55 seconds LONGITUDE: 89 degrees 55 minutes 07 seconds					
LAT & LONG DATA SOURCE (GPS	S (Please GPS Project Entrance/Start Point) of Ma	ap Interpolation): GPS			
TOTAL ACREAGE DISTURBED: 110 Ac. ESTIMATED CONSTRUCTION PROJECT END DATE: 2045-09-01 YYYY-MM-DD					
STOR	RM WATER POLLUTION PREVENT	TON PLAN (SWPP	PP)		
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 OF N.A. TO RECEIVE RECOVERAGE.					
1. IS A COPY OF THE SWPPP AT	THE PERMITTED SITE OR LOCALLY AV	AILABLE?	✓ YES	□ NO	
	P-TO-DATE ASSESSMENT OF POTENTIAL DENTIFY BMPS TO EFFECTIVELY CONTI		✓ YES	□ NO	
3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES ONLY FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))?				A. NO	
4. DOES SWPPP PROHIBIT THE	DISCHARGES LISTED IN ACT2, T-3 (3) OF	THE PERMIT?	VES	□ 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 ¹		3-8-2022 Date Signed			
Slade Patterson		Environmental	Manager		
Printed Name ¹		Title			
This application for re-coverage shall be signed according to ACTI 1, 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 Leakson Mississippi 30275				
Electronically:	Jackson, Mississippi 39225 https://www.mdeq.ms.gov/construction-stormwater/				