

## 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 3468

## **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. <u>SWPPP amendments with the sole intent of incorporating new permit conditions do not need to be submitted to MDEQ for review and/or approval.</u>

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: Ryan Goldin		
COMPANY LEGAL NAME: Florence Gard	lens, LLC	
STREET OR P.O. BOX: 12321 Preservation	on Drive	
CITY: Gulfport	STATE: MS	ZIP: 39505
PHONE NUMBER: (228) 539-5039	E-MAIL: ryan@florencegardens.com	

FACILITY SITE INFORMATION					
FACILITY SITE NAME: Florence Gardens, LLC					
FACILITY SITE NAME: Florence Galderis, 220  CONTACT NAME & POSITION: Ryan Goldin Vice President, Director of Operations					
CONTACT PHONE NUMBER: (22	8 539-5039				
CONTACT PHONE NUMBER:	ESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD	·):			
Local D. Mary Drive					
STREET: 12021 1 today	COUNTY: Harrison	zip: _3	9505		
CITY: Outport	THE PROJECT ENTRANCE OR START POINT:				
PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:  LATITUDE: 30 degrees 28 minutes 10.54 seconds LONGITUDE: 89 degrees 3 minutes 35.84 seconds					
LATITUDE: 50 degrees 20 minutes seconds Editorio Start Point) or Map Interpolation):  LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation):  N/A					
LAT & LONG DATA SOURCE (GFS	385.02 ESTIMATED CONSTRUCTION PROJECT EN	D DATE: N/A	-MM-DD		
			-MM-DD		
STO	RM WATER POLLUTION PREVENTION PLAN (SWE	PP)	NC STORM		
WATER POLLUTANTS. ACCORDINGET, THE POLLOWING QUESTION AND ACCORDINGED TO THE POLLOWING QUESTION AND ACCORDING TO THE POLLOWING THE POLLOWING TO THE POLLOWING TO THE POLLOWING TO THE POLLOWING THE POLLOWING TO THE POLLOWING TO THE POLLOWING THE POLLOWING THE					
RECOVERAGE.		√ YES	□ NO		
1. IS A COPY OF THE SWPPP AT	T THE PERMITTED SITE OR LOCALLY AVAILABLE?				
2. DOES SWPPP CONTAIN AN U	P-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?	<b>✓</b> YES	□ NO		
3. IF A SEDIMENT BASIN IS A P STRUCTURE THAT DISCHAR	PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET RGES <u>ONLY</u> FROM THE SURFACE OF THE BASIN	YES or N.	.A. 🗌 NO		
(ACT5, T-6 (A))?  4. DOES SWPPP PROHIBIT THE	E DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT?	<b></b> ✓ YES	☐ 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.					
has been mounted to incorporate these	4-4-22				
Signature <sup>1</sup>	Date Signed		-		
Ryan Goldin	Vice President	, Director of O	perations		
Printed Name <sup>1</sup>	Title				
- For a corporation, by a responsible co	igned according to ACT11, T-7 of the General Permit, as follows: orporate officer.				
<ul> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.</li> </ul>					
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Pollution Cor P.O. Box 2261	atrol			
Electronically:	Jackson, Mississippi 39225 https://www.mdeq.ms.gov/construction-stormwater/				