

AI: 87666

MSR109419

Rec'd via email:  
11/01/2024



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

## LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT

### INSTRUCTIONS

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than five (5) acres but will ultimately disturb five (5) or more acres. Applicant must be the owner or operator. For construction activities, the operator is typically the prime contractor. The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and severable responsibility for compliance with the Large Construction Storm Water General Permit MSR10.

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. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Completed LCNOIs should be filed at least thirty (30) days prior to the commencement of construction. Discharge of storm water from large construction activities without written notification of coverage is a violation of state law.

Submittals with this LCNOI must include:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit
- A detailed site-specific scaled drawing showing the property layout and the features outlined in ACT5 of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

Additional submittals may include the following, if applicable:

- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- Appropriate documentation concerning future disposal of sanitary sewage and sewage collection system construction
- Appropriate documentation from the MDEQ Office of Land & Water concerning dam construction and low flow requirements
- Approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties
- Antidegradation report for disturbance within Waters of the State

ALL QUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)

O.C

**APPLICANT IS THE:**       **OWNER**     **PRIME CONTRACTOR**

**OWNER CONTACT INFORMATION**

**OWNER CONTACT PERSON:** \_\_\_\_\_  
**OWNER COMPANY LEGAL NAME:** \_\_\_\_\_  
**OWNER STREET OR P.O. BOX:** \_\_\_\_\_  
**OWNER CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**OWNER PHONE #:** (\_\_\_\_) \_\_\_\_\_ **OWNER EMAIL:** \_\_\_\_\_

**PREPARER CONTACT INFORMATION**

**IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT**

**CONTACT PERSON:** \_\_\_\_\_  
**COMPANY LEGAL NAME:** \_\_\_\_\_  
**STREET OR P.O. BOX:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE # ( )** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PRIME CONTRACTOR CONTACT INFORMATION**

**PRIME CONTRACTOR CONTACT PERSON:** \_\_\_\_\_  
**PRIME CONTRACTOR COMPANY LEGAL NAME:** \_\_\_\_\_  
**PRIME CONTRACTOR STREET OR P.O. BOX:** \_\_\_\_\_  
**PRIME CONTRACTOR CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PRIME CONTRACTOR PHONE #:** (\_\_\_\_) \_\_\_\_\_ **PRIME CONTRACTOR EMAIL:** \_\_\_\_\_

**FACILITY SITE INFORMATION**

**FACILITY SITE NAME:** \_\_\_\_\_

**FACILITY SITE ADDRESS** (If the physical address is not available, please indicate the nearest named road. For linear projects indicate the beginning of the project and identify all counties the project traverses.)

**STREET:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**FACILITY SITE TRIBAL LAND ID (N/A If not applicable):** \_\_\_\_\_

**LATITUDE:** \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds    **LONGITUDE:** \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds

**LAT & LONG DATA SOURCE** (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): \_\_\_\_\_

**TOTAL ACREAGE THAT WILL BE DISTURBED <sup>1</sup>:** \_\_\_\_\_

**IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT?** YES  NO

**IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT:** \_\_\_\_\_  
**AND PERMIT COVERAGE NUMBER: MSR10** \_\_\_\_\_

**ESTIMATED CONSTRUCTION PROJECT START DATE:** \_\_\_\_\_  
 YYYY-MM-DD

**ESTIMATED CONSTRUCTION PROJECT END DATE:** \_\_\_\_\_  
 YYYY-MM-DD

**DESCRIPTION OF CONSTRUCTION ACTIVITY:** \_\_\_\_\_

**PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:**  
 \_\_\_\_\_

**SIC Code:** \_\_\_\_\_ **NAICS Code** \_\_\_\_\_

**NEAREST NAMED RECEIVING STREAM:** \_\_\_\_\_

**IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found on MDEQ's web site: [http://www.deq.state.ms.us/MDEQ.nsf/page/TWB\\_Total\\_Maximum\\_Daily\\_Load\\_Section](http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section))** YES  NO

**HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?** YES  NO

**FOR WHICH POLLUTANT:**

**ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDARY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY?** YES  NO

**EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):**  
 \_\_\_\_\_

**WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER?** YES  NO

**IF YES, INDICATE THE TYPE OF FLOCCULANT.**  ANIONIC POLYACRYLIMIDE (PAM)  
 OTHER \_\_\_\_\_

**IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?**

**IS A SDS SHEET INCLUDED FOR THE FLOCCULATE?** YES  NO

**WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE WATERS OF THE STATE?** YES  NO

**IF NOT, PROVIDE EQUIVALENT CONTROL MEASURES IN THE SWPPP.**

<sup>1</sup>Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft<sup>2</sup> per lot (entire lot, if smaller) shall be included in calculating acreage disturbed.

**DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS**  
 COVERAGE UNDER THIS PERMIT WILL NOT BE GRANTED UNTIL ALL OTHER REQUIRED  
 MDEQ PERMITS AND APPROVALS ARE SATISFACTORILY ADDRESSED

**IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS?** YES  NO

**IF YES, CHECK ALL THAT APPLY:**  AIR  HAZARDOUS WASTE  PRETREATMENT  
 WATER STATE OPERATING  INDIVIDUAL NPDES  OTHER: \_\_\_\_\_

**IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND?** (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.) YES  NO

**IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:**

- The project has been approved by individual permit, or
- The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or
- The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required

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**IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CONVEYANCE OF ANY KIND?** (If yes, please provide an antidegradation report.) YES  NO

**IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED?** (If yes, provide appropriate approval documentation from MDEQ Office of Land and Water, Dam Safety.) YES  NO

**IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED?** Check one of the following and attach the pertinent documents.

- Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form or approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications can not be provided at the time of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow.
- Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date: \_\_\_\_\_.)
- Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.
- Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.

**INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4) WITH WHICH THE PROJECT MUST COMPLY:**

\_\_\_\_\_

\_\_\_\_\_

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.



Signature of Applicant<sup>1</sup> (owner or prime contractor)

10/31/2024  
Date Signed

Louis Wright

Printed Name<sup>1</sup>

Public Works Director

Title

<sup>1</sup>This application shall be signed 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

Please submit the LCNOI form 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/>

Revised 3/23/22

Keep a Copy Available at the Permitted Facility or Locally Available  
 Submit the Inspection Reports Only if Requested by the Mississippi Department of Environmental Quality (MDEQ)

**LARGE CONSTRUCTION GENERAL PERMIT  
 SITE INSPECTION AND CERTIFICATION FORM  
 COVERAGE NUMBER (MSR10 \_ \_ \_ \_)**



**INSTRUCTIONS**

Results of construction storm water inspections required by ACT6 of this permit shall be recorded on this report form and kept with the Storm Water Pollution Prevention Plan (SWPPP) in accordance with the inspection documentation provisions of ACT10 of the this permit. Inspections shall be performed at least weekly for a minimum of four inspections per month. The coverage number must be listed at the top of all Inspection and Certification Forms.

**COVERAGE RECIPIENT INFORMATION**

OWNER/PRIME CONTRATOR NAME: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT STREET ADDRESS: \_\_\_\_\_

PROJECT CITY: \_\_\_\_\_ PROJECT COUNTY: \_\_\_\_\_

OWNER/PRIME CONTRACTOR MAILING ADDRESS: \_\_\_\_\_

MAILING CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

**INSPECTION DOCUMENTATION**

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan (SWPPP) and sound engineering practices as required by the above referenced permit. I further certify that the LCNOI and SWPPP information is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

# PRIME CONTRACTOR CERTIFICATION

## LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 \_\_\_\_\_ County \_\_\_\_\_

(Fill in your Certificate of Coverage Number and County)



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

### PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

PRIME CONTRACTOR COMPANY: \_\_\_\_\_

PRIME CONTRACTOR STREET (P.O. BOX): \_\_\_\_\_

PRIME CONTRACTOR CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### OWNER INFORMATION

OWNER CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

OWNER COMPANY NAME: \_\_\_\_\_

### PROJECT INFORMATION

PROJECT NAME: \_\_\_\_\_

DESCRIPTION OF CONSTRUCTION ACTIVITY: \_\_\_\_\_

PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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.

\_\_\_\_\_  
Prime Contractor Signature<sup>1</sup>

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name<sup>1</sup>

\_\_\_\_\_  
Title

<sup>1</sup>This application shall be signed 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.

This Prime Contractors Certification form shall be submitted to:  
Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

# 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: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET OR P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # (INCLUDE AREA CODE): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### PROJECT INFORMATION

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER: **MSR10** \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

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.**

\_\_\_\_\_  
Signature (must be signed by coverage recipient)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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



# Request for Termination (RFT) of Coverage



**LARGE CONSTRUCTION GENERAL PERMIT**  
**Coverage No. MSR10** \_\_\_\_\_ **County** \_\_\_\_\_  
(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:** \_\_\_\_\_

**Physical Site Street Address (if not available, indicate nearest named road):** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Coverage Recipient Company Name:** \_\_\_\_\_

**Street Address / P.O. Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Coverage Recipient Contact Name and Position:** \_\_\_\_\_ **Tel. #:** (\_\_\_\_) \_\_\_\_\_

**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.

\_\_\_\_\_  
Authorized Name (Print) Telephone Signature Date Signed

<sup>1</sup>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