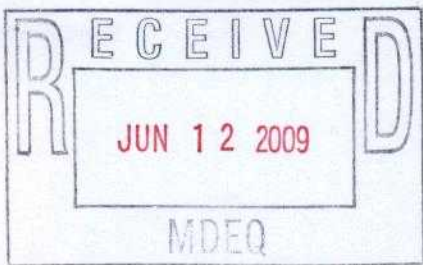


FI #17805



RE-COVERAGE FORM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

GENERAL PERMIT: MSRMS4 0 1 0. This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Small Municipal Separate Storm System (MS4) General Permit. This form, with an original signature, must be completed and returned to MDEQ at the address printed at the bottom of this form within 60 days of the date of the Letter of Instruction for Re-Coverage.

Submittals with this Re-Coverage Form must include:

- A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit
- Copies of current municipal storm water ordinances, or if not a city or county, copies of current regulatory mechanisms that address storm water management
- A location map must be attached, if location boundaries have changed since initial coverage issuance
- Copy of current Storm Water Pollution Prevention Plan (SWPPP) or Plans

Additional submittals may include:

- Appendix A and associated Joint MS4 legal documents, if applicable

NOTE: 3-RING BINDERS WILL NOT BE ACCEPTED DUE TO LIMITED FILING SPACE AT MDEQ.

MS4 APPLICANT INFORMATION

MS4 NAME: CITY OF BILOXI

MS4 MAILING ADDRESS: P.O. BOX 429

MS4 CITY: BILOXI STATE: MS ZIP: 39533

MS4 COUNTY: HARRISON

MS4 IS A: CITY/TOWN COUNTY OTHER: _____

IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED? YES NO
(If yes, a completed Appendix A must accompany submittal)

MS4 POPULATION: 44,300 (2006 DATA)

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation): CHRISTY LEBATARD, P.E.

CONTACT'S TITLE: ENGINEER OFFICE PHONE: (228) 435-6269

CELL PHONE: () FAX NUMBER: (228) 435-6179

E-MAIL ADDRESS (local contact): CLEBATARD@BILOXI.MS.US

E-MAIL ADDRESS (legally responsible person): MAYOR@BILOXI.MS.US

SECONDARY LOCAL CONTACT NAME (knowledgeable about program, if primary contact is unavailable) DAMON TORRICELLI, P.E.

OFFICE PHONE: (228) 435-6269 CELL PHONE: ()

LOCATION DESCRIPTION OF MS4 (not required for cities and counties)

PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITARY BASES, SPECIAL DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (education, hospital, prison, etc.). THE CITY OF

BILOXI CONTAINS KEESLER AIR FORCE BASE AND BILOXI REGIONAL MEDICAL CENTER WITHIN ITS BOUNDARIES BOTH OF WHICH ARE LOCATED IN THE EASTERN PORTION OF THE CITY

RECEIVING WATER INFORMATION

IDENTIFY THE MAJOR RECEIVING WATERS (named on a USGS Quad Map) WITHIN THE MS4 BOUNDARIES. IN ADDITION, NOTE THOSE THAT ARE 303(d) LISTED IMPAIRED WATERBODIES WITHIN THE PERMITTED AREA (a complete list of 303(d) listed impaired waters may be found on MDEQ's web site: <http://www.deq.state.ms.us>).

<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>	<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>
<u>BACK BAY OF BILOXI</u>	<input type="checkbox"/>	_____	<input type="checkbox"/>
<u>MS SOUND</u>	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>
<u>TCHOUTACABOUFFA RIVER</u>	<input type="checkbox"/>	_____	<input type="checkbox"/>
<u>BILOXI RIVER</u>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

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.

A.J. Holloway

 Authorized Signature

June 10, 2009

 Date

A.J. HOLLOWAY

 Printed Name

MAYOR

 Title

¹This application shall be signed according to the General Permit, ACT9, T-5 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 either a principal executive officer, the mayor, or ranking elected official.

Please submit this form to: **Chief, Environmental Permits Division
 MDEQ, Office of Pollution Control
 P.O. Box 2261
 Jackson, Mississippi 39225**