

If previous NOI information is accurate,
this Re-coverage is effective 10 calendar
days from the below posted date.

Posted Date: Sept 9, 2005



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY



LARGE CONSTRUCTION STORM WATER GENERAL PERMIT RE-COVERAGE FORM

THE SUBMITTAL OF THIS FORM IS REQUIRED
FOR ACTIVE CONSTRUCTION SITES WITH PREVIOUS PERMIT COVERAGE
TO CONTINUE COVERAGE UNDER MISSISSIPPI'S REISSUED
LARGE CONSTRUCTION STORM WATER GENERAL PERMIT MSR10

COVERAGE NUMBER: MSR10 0851 (found at the bottom left of the Certificate of Coverage and at the top right of the Letter of Instruction for Re-Coverage)
This coverage number must be completed with your specific project number or this form will be considered incomplete and returned.

INSTRUCTIONS

This form must be completed and returned to the address on page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

This form must be signed by the owner, the operator, or a duly authorized representative. For construction activities, the operator is typically the Prime Contractor.

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.

If the project is complete, please request termination of coverage by completing the Notice of Termination of Coverage Form found in the Large Construction Forms Package. This Re-Coverage Form is not required to be submitted if the facility is submitting a Notice of Termination of Coverage Form.

ALL INFORMATION MUST BE COMPLETED (Put "NA" if not applicable).

PLEASE CIRCLE ONE OF THE FOLLOWING

ANY CORRESPONDENCE SHOULD BE MAILED TO: OWNER/OPERATOR ADDRESS OR PROJECT ADDRESS

OWNER/OPERATOR INFORMATION (CIRCLE ONE OR BOTH)

CONTACT NAME & POSITION: Mr. Mike Davis
COMPANY NAME: Reeves Williams, LLC
STREET OR P.O. BOX: 8727 Northwest Dr
CITY: Southaven STATE: MS ZIP: 38671
PHONE NUMBER (INCLUDE AREA CODE): 662-393-4250

BT

PROJECT INFORMATION

PROJECT NAME: Braybourne Subdivision
CONTACT NAME & POSITION: Mr. Mitch Mitchell
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-895-5200
DESCRIPTION OF CONSTRUCTION ACTIVITY: Residential Development

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD - FOR LINEAR PROJECTS INDICATE BEGINNING OF PROJECT. IN ADDITION, IDENTIFY ALL COUNTIES THAT LINEAR PROJECT TRAVERSES):

STREET: Goodman Rd
CITY: Olive Branch COUNTY: Desoto ZIP: 38654
NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE WILL ENTER: Noncannah Creek

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

- 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? (YES NO)
- 2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? (YES NO) IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS.

I certify that the project continues as described in the original Construction Notice of Intent.

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.

I further certify that I understand when coverage is terminated I am no longer authorized to discharge storm water associated with industrial activity under this general permit. I understand that discharging pollutants in storm water associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

[Signature]
Signature

7/11/05
Date

Mike Davis
Printed Name

V.P. Development
Title

This form shall be signed according to the General Permit, ACT11, T-4 and T-5, page 19, 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:

Environmental Permits Division
Office of Pollution Control
P.O. Box 10385
Jackson, MS 39289-0385