

AI # 4869

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Dept. of Environmental Quality



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVITIES 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 7 2 5 4

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 within 30 days of the date of the Letter of Instruction for Re-Coverage.

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. Coverage 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 MDEQ 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: LTC Mark Johnson, Facility Supervisor

COMPANY LEGAL NAME: MSARNG, 1108th TASMG

STREET OR P.O. BOX: HANGAR #1 Hewes Avenue

CITY: Gulfport

STATE: MS

ZIP: 39507

PHONE NUMBER: (228) 214-1372

E-MAIL: mark.w.johnson1.mil@mail

FACILITY SITE INFORMATION

FACILITY SITE NAME: MSARNG, 1108th TASMG

CONTACT NAME & POSITION: LTC Mark Johnson

CONTACT PHONE NUMBER: 228 , 214-1372

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: Hangar #1 Hewes Avenue

CITY: Gulfport COUNTY: Harrison ZIP: 39507

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:
 LATITUDE: 30 degrees 25 minutes 02 seconds LONGITUDE: 89 degrees 03 minutes 50 seconds

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

TOTAL ACREAGE DISTURBED: 23 ESTIMATED CONSTRUCTION PROJECT END DATE: 2019-08-01
 YYYYY-MM-DD

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

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 or N.A. TO RECEIVE RECOVERAGE.

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? YES NO
2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? 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))? YES or N.A. NO
4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT? YES NO
5. DOES THE SWPPP REQUIRE VEGETATIVE PRACTICES TO BE INITIATED IMMEDIATELY WHEN A DISTURBED AREA WILL BE LEFT FOR 14 DAYS (ACT5, T-4 (1)), INSTEAD OF 7 DAYS AS REQUIRED BY THE PREVIOUS PERMIT? 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.

Signature: [Handwritten Signature]
 LTC Mark Johnson
 Printed Name:

6 Mar 18
 Date Signed
 Facility Supervisor
 Title

- ¹This application for re-coverage shall be signed according to ACT11, 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
 Jackson, Mississippi 39225

PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 7 2 5 4 County Harrison

(Fill in your Certificate of Coverage Number and County)



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: Lindsay Skrmetta PHONE NUMBER: 228, 432 - 5922
PRIME CONTRACTOR COMPANY: Orocon Construction, LLC
PRIME CONTRACTOR STREET (P.O. BOX): 325 Reynoir Street
PRIME CONTRACTOR CITY: Biloxi STATE: MS ZIP: 39530
E-MAIL ADDRESS: lskrmetta@oroconllc.com

OWNER INFORMATION

OWNER CONTACT PERSON: LTC Mark Johnson PHONE NUMBER: 228, 282 - 1372
OWNER COMPANY NAME: MSARNG, 1108th TASMG

PROJECT INFORMATION

PROJECT NAME: Aircraft Maintenance Hangar (AVGRAD)
DESCRIPTION OF CONSTRUCTION ACTIVITY: General construction of two maintenance hangars
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: Hangar #1, 4715 Hewes Avenue
CITY: Gulfport COUNTY: Harrison

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.

John Oropesa
Prime Contractor Signature

8/1/18
Date Signed

John Oropesa
Printed Name

Managing Member
Title

- 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