



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 MSRI0
GENERAL NPDES COVERAGE NO. MSRI0 **8388**

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. 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:	JIM GROTKOWSKI - OWNER		
COMPANY LEGAL NAME:	STRUCTURES OF DIAMONDHEAD		
STREET OR P.O. BOX:	PO BOX 6326		
CITY:	DIAMONDHEAD	STATE:	MS ZIP: 39525
PHONE NUMBER:	(228) 216-6919	E-MAIL:	TARA@PRO1EYANHO.COM

2 - received via email 3.4.22

FACILITY SITE INFORMATION

FACILITY SITE NAME: The Preserve, Phase I Subdivision
 CONTACT NAME & POSITION: Jim Grotkowski - owner
 CONTACT PHONE NUMBER: (228) 816-6919
 FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
STREET: HIGH POINT DRIVE
CITY: DAVENPORT HEAD
COUNTY: HANCOCK
ZIP: 39525
 PROVIDE THE COORDINATES FOR THE PROJECT ENTRANCE OR START POINT:
 LATITUDE: 30 degrees 33 minutes 45 seconds
 LONGITUDE: 89 degrees 21 minutes 32 seconds
 LAT & LONG DATA SOURCE (GPS (Please GPS Project Participants Print) or Map Interpretation):
 TOTAL ACREAGE DISTURBED: 9 AC
 ESTIMATED CONSTRUCTION PROJECT END DATE: 2022-04-15
 XXXX-MM-DD

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ON SITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS, ACCORDING TO THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO OR N/A.

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 MEASURES TO PREVENT OR CONTROL THEM? YES NO

3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET (ACTS 17-6 (a))? YES OR N/A NO

4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT 17-9 (c) OF THE PERMIT? YES NO

I certify under penalty of law that this information and any other information or support in accordance with a system designed to assure that defined pollutants are not discharged into the water of the State, without proper permit coverage is true and correct 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 imprisonment and/or fines 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 to waters of the State, without proper permit coverage to the violation of state law.

I am aware of the authority, changes to the removed Large Construction Storm Water General Permit and certify the SWPPP for this project has been updated to reflect these changes.

Signature: Jim Grotkowski
 Printed Name: _____
 Date signed: March 3, 2022
 Title: owner

This application for re-coverage shall be signed according to ACT 17-7 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 membership 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 2281
 Jackson, Mississippi 39225
<https://www.mdeq.ms.gov/equality-section-stormwater/>