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M-871089

## PRIME CONTRACTOR CERTIFICATION

## LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 9 3 5 5 County Tippah

(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 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 severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and severable responsibility for compliance with the permit.

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.

## DRIVE CONTRACTOR INFORMATION

| Pl  | RIME CONTRACTOR IN   | FORMATION  |  |
|---|--|--|--|
| PRIME CONTRACTOR CONTACT PERSON: Buz Plaxico  |  | PHONE NUMBER: 662 287-4221   |  |
| DDIME CONTRACTOR COMPANY:   | Buz Plaxico Dozer Service  |  |  |
| PRIME CONTRACTOR STREET (P.C  |  |  |  |
| PRIME CONTRACTOR CITY: Corir  |  | STATE: MS  | ZIP: 38834   |
| E-MAIL ADDRESS: bplaxico@fro  | nrier.com  | STATE.   |  |
| E-MAIL ADDRESS.   | OWNER INFORMA  | ATION  |  |
|   |  |  |  |
| OWNER CONTACT PERSON: Timo  | thy Thrasher   | y Thrasher PHONE NUMBER: (662) 672-3859  |  |
| OWNER COMPANY NAME: threefo   | orkswater@outlook.com  |  |  |
|   | PROJECT INFORM   | ATION  |  |
| PROJECT NAME: Three Forks Wa  | ater System Improvement  | ts   |  |
| DESCRIPTION OF CONSTRUCTION   |  |  |  |
| PHYSICAL SITE ADDRESS (If the physindicate the beginning of the project and STREET: CR 104: BOP @ Lakes   | d identify all counties the projec   | t traverses.)  |  |
| CITY: Walnut  | COUNTY: Tippah & Benton  |  |  |
| I certify that I am the prime contractor for t permit. I further certify under penalty of la accordance with a system designed to assure my inquiry of the person or persons who ma information submitted is, to the best of my k penalties for submitting false information, in Prime Contractor Signature  Printed Name | w that this document and all attach<br>that qualified personnel properly g<br>mage the system, or those persons d<br>mowledge and belief, true, accurate | ments were prepared under my<br>gathered and evaluated the infor<br>irectly responsible for gathering<br>and complete. I am aware that | direction or supervision in<br>mation submitted. Based on<br>the information, the<br>there are significant |
| <sup>1</sup> This application shall be signed as follows: - For a corporation, by a responsible corpora   |  | me Contractors Certification form s  | hall be submitted to:  |

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.

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261

Jackson, Mississippi 39225