





LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVIES 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 5 8 7 6

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).

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. <u>SWPPP amendments with the sole intent of incorporating new permit conditions do not need to be submitted to MDEQ for review and/or approval.</u>

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).

C	OVERAGE RECIPIENT INFORMAT	ION
CONTACT NAME & POSITION: Chris C	arroll, Senior Vice President	
COMPANY NAME: H&M Construction	Company, Inc.	
STREET OR P.O. BOX: 50 Security Dr		
CITY: Jackson	STATE: TN	ZIP: 38305
PHONE NUMBER (INCLUDE AREA CODE	i): <u>731-660-3221</u>	

PROJECT/SITE INFORMATION

	I ROJECT/S	TIE INTORMATION	
PROJECT NAME: Winchester -	Olin Corporation		
CONTACT NAME & POSITION: Kevin Watson, Director of Strategic Projects			
CONTACT PHONE NUMBER (INC	LUDE AREA CODE): 618	-258-2978	
PHYSICAL SITE ADDRESS (IF NO	T AVAILABLE INDICATE	NEAREST NAMED ROAD):	
STREET: 35 County Rd 166			
CITY: Oxford COUNTY: Lafayette		ZIP: 38655	
PROVIDE THE COORDINATES OF			
LATITUDE: 34 degrees 24 min	nutes 29 seconds	LONGITUDE: <u>-89</u> degrees <u>31</u>	minutes 35 seconds
STOR	RM WATER POLLUT	ION PREVENTION PLAN (SWPI	PP)
		SITE, UP-TO-DATE AND EFFECTIVE	
WATER POLLUTANTS. ACCORD RECOVERAGE.	INGLY, THE FOLLOWING	G QUESTIONS MUST BE ANSWERED Y	YES or N.A. TO RECEIVE
1. IS A COPY OF THE SWPPP AT	THE PERMITTED SITE (OR LOCALLY AVAILABLE?	✓ YES
2. DOES SWPPP CONTAIN AN UI POLLUTANT SOURCES AND I		OF POTENTIAL STORM WATER CTIVELY CONTROL THEM?	✓ YES □ NO
3. IF A SEDIMENT BASIN IS A P STRUCTURE THAT DISCHAR (ACT5, T-5 (A))?			YES or N.A. NO
4. DOES SWPPP PROHIBIT THE	DISCHARGES LISTED IN	ACT2, T-3 (3) OF THE PERMIT?	✓ YES NO
	E LEFT FOR 14 DAYS (AC	S TO BEGIN WITHIN 7 DAYS WHEN T5, T-4 (1)), INSTEAD OF 30 DAYS	✓ YES □ NO
system designed to assure that qualified person or persons who manage the syst the best of my knowledge and belief, tr information, including the possibility of I further certify that the project continuterminated I am no longer authorized to	d personnel properly gather tem, or those persons directlue, accurate and complete. If fines and imprisonment for ues as described in the original to discharge storm water ass	ats were prepared under my direction or sued and evaluated the information submitted y responsible for gathering the information. I am aware that there are significant penals knowing violations. In al notice of intent. Also, I certify that I under the desired with construction activity under the waters of the State without proper permit	d. Based on my inquiry of the n, the information submitted is, to lites for submitting false nderstand when coverage is his general permit. I understand
I am aware of the significant changes in has been modified to incorporate these		uction Storm Water General Permit and c	ertify the SWPPP for this project
His and	B	02/17/2011	
Signature		Date Signed	
Chris Carroll		Senior Vice Pres	sident
Printed Name ¹		Title	
 This application for re-coverage shall be signared. For a corporation, by a responsible conformal partnership, by a general partnership, by a general partnership, by the propies of the propies of the propies. 	porate officer. r. ietor.	f the General Permit, as follows: fficer, mayor, or ranking elected official.	
After signing please mail to:	Chief, Environmental Per MS Department of Enviro P.O. Box 2261	mits Division, onmental Quality, Office of Pollution Cont	rol

Jackson, Mississippi 39225

Revised: 12/16/10



February 17, 2011

H+M Design Services, PC George T. Tubb, Architect

Mr. Jim Morris Chief, Environmental Permits Division MS Department of Environmental Quality Office of Pollution Control PO Box 2261 Jackson, MS 39225-2261

RE:

LCNOI RE-COVERAGE FORM SUBMITTAL

WINCHESTER - OLIN CORPORATION CENTERFIRE AMMUNITION MANUFACTURING

FACILITY OXFORD, MS

HMAE PROJECT NO.: 10044

FILE NO.: 011

Dear Mr. Morris:

Enclosed, please find the Re-coverage Form for the Large Construction Notice of Intent Permit of the Winchester - Olin Corporation Centerfire Ammunition Manufacturing Facility Project. I will gladly assist if you have questions or require further information. Thank you for your continued cooperation with this project.

Best regards,

H+M Design Services, P.C.

Jeff Fugate, El Civil Designer

Enclosures

C: Robert Burns (via email)

> Hunter Garrett (via email) Chris Carroll (via email) Kevin Watson (via email)

Phil Sutton (via email) Larry Britt (via email)

RECEIVED

FEB 2 2 2011

Dept of Environmental Quality

PLAN

DESIGN

BUILD