

AI #56576

Latrina

PRIME CONTRACTOR CERTIFICATION**LARGE CONSTRUCTION GENERAL PERMIT**Coverage No. MSR10 7 3 6 5 County HARRISON

(Fill in your Certificate of Coverage Number and County)

JUN 13 2017

MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

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: DOUG SCHROEDER PHONE NUMBER: (601)326-9123
 PRIME CONTRACTOR COMPANY: HEMPHILL CONSTRUCTION CO., INC.
 PRIME CONTRACTOR STREET (P.O. BOX): P.O. DRAWER 879
 PRIME CONTRACTOR CITY: FLORENCE STATE: MS ZIP: 39073
 E-MAIL ADDRESS: dschroeder@hemphillconstruction.com

OWNER INFORMATION

OWNER CONTACT PERSON: BRENDA M. WALTZ or SHERRY GRADY PHONE NUMBER: (228) 575-7075
 OWNER COMPANY NAME: GARDEN PARK MEDICAL CENTER

PROJECT INFORMATION

PROJECT NAME: GARDEN PARK MEDICAL CENTER FLOOD MITIGATION PLAN
 DESCRIPTION OF CONSTRUCTION ACTIVITY: CONSTRUCTION OF FLOOD WALL, STORM DRAINAGE,
 PARKING LOT EXPANSION, LANDSCAPING, FLOOD CONTROL MEASURES
 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: 15200 COMMUNITY ROAD
 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.

Beth Harrison
 Prime Contractor Signature

JUNE 13, 2017

Date Signed

BETH HARRISON

SECRETARY

Printed Name¹

Title

¹This 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

Revised: 10/25/16