



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 _____

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: JASON SCRUGGS MGR

COMPANY LEGAL NAME: JS LLC

STREET OR P.O. BOX: 3575 TOM WATSON DR

CITY: SALTILLO STATE: MS ZIP: 38866

PHONE NUMBER: (662) 255 1366 E-MAIL: SCRUGGS JASONE@GMAIL.COM

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FACILITY SITE INFORMATION

FACILITY SITE NAME: WOODLAND HILLS

CONTACT NAME & POSITION: JASON SCRUGGS MGR

CONTACT PHONE NUMBER: (662) 255 1366

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: ROBISON ROAD

CITY: GUNTOWN COUNTY: LEE ZIP: 38849

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:

LATITUDE: 38 degrees 27 minutes 26 seconds LONGITUDE: 88 degrees 40 minutes 07 seconds

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

TOTAL ACREAGE DISTURBED: 39 ESTIMATED CONSTRUCTION PROJECT END DATE: 2024-12-31
YYYY-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 RECOVERY.

- | | | |
|---|---|-----------------------------|
| 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES <u>ONLY</u> FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))? | <input checked="" type="checkbox"/> YES or N.A. | <input type="checkbox"/> NO |
| 4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> 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.

X Jason Scruggs
 Signature¹ _____
JASON SCRUGGS
 Printed Name¹ _____

4-6-22
 Date Signed _____
MGR
 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

Electronically: <https://www.mdeq.ms.gov/construction-stormwater/>



Michael Watson

SECRETARY OF STATE

This is not an official certificate of good standing.

Name History

Name	Name Type
JS, LLC	Legal
Coldwell Banker Southern Real Estate DBA	Previous Fictitious Name

Business Information

Business Type:	Limited Liability Company
Business ID:	942629
Status:	Good Standing
Effective Date:	12/22/2008
State of Incorporation:	Mississippi
Principal Office Address:	1135 west main st TUPELO, MS 38801

Registered Agent

Name
Scruggs, Jason
1006 Cr 811
Saltillo, MS 38866

Officers & Directors

Name	Title
Jason Scruggs 3575 TOM WATSON DR SALTILLO, MS 38866	Manager
Jason Scruggs	Member