





# 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 \_\_\_\_ 7515 \_\_\_

#### 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: Garret Rayborn, F	President				
COMPANY LEGAL NAME: G. Garret Ray	born Contracting, LLC				
STREET OR P.O. BOX: 692 Hwy 61 North					
CITY: Natchez	STATE: MS	<sub>ZIP:</sub> 39120			
PHONE NUMBER: (601) 597 - 0201	E-MAIL: garret@grayborncontracting.com				

#### FACILITY SITE INFORMATION

	FACILITY SITE INFOR	MATION				
FACILITY SITE NAME: SAP-01(56) State Park Road						
CONTACT NAME & POSITION: Jim Marlow, Project Engineer						
CONTACT PHONE NUMBER: (601 )442-3628						
		A DEST NAMED DOAD				
STREET: Section 13, T7N-R1	SS (IF NOT AVAILABLE INDICATE NI  N to Section 60 T8N-R1W	EAREST NAMED ROAD).	•:			
The state of the s			ZIP: 39	120		
CITY: East of Washington, M			ZIP:			
	THE PROJECT ENTRANCE OR STAR		E4			
LATITUDE: 31 degrees 35 min	utes 54 seconds LONGITUDE:	91 degrees 14 minu	tes 54 seconds			
LAT & LONG DATA SOURCE (GPS	(Please GPS Project Entrance/Start Point) o 1.8 ESTIMATED CONSTI	r Map Interpolation): OF O	DATE: 2022-12	-31		
TOTAL ACKEAGE DISTURBED: _	ESTIMATED CONSTR	CUCTION PROJECT END	YYYY-N	4M-DD		
STOR	M WATER POLLUTION PREVE	NTION PLAN (SWPI	PP)			
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 OF N.A. TO RECEIVE RECOVERAGE.						
1. IS A COPY OF THE SWPPP AT	THE PERMITTED SITE OR LOCALLY	AVAILABLE?	✓ YES	□ NO		
	TO-DATE ASSESSMENT OF POTENTI DENTIFY BMPS TO EFFECTIVELY CO		✓ YES	□ NO		
3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES ONLY FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))?			YES or N.A	. No		
4. DOES SWPPP PROHIBIT THE I	DISCHARGES LISTED IN ACT2, T-3 (3)	OF THE PERMIT?	V YES	□ 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.						
11/1/		9/22/22 Date Signed				
Signature <sup>1</sup>		•		3		
Garret Rayborn Printed Name <sup>1</sup>		President				
<sup>1</sup> This 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.						
<ul> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> </ul>						
- 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 Quali P.O. Box 2261 Jackson, Mississippi 39225	ty, Office of Pollution Cont	rol			
	onenaon, miaaaaappi ayaaa					

Electronically: <a href="https://www.mdeq.ms.gov/construction-stormwater/">https://www.mdeq.ms.gov/construction-stormwater/</a>

# F0108 Fee: \$



# 2022011494

Business ID: 1079374
Filed: 01/11/2022 09:31 AM
Michael Watson
Secretary of State

P.O. BOX 136 JACKSON, MS 39205-0136

JACKSON, MS 39205-0136 TELEPHONE: (601) 359-1633

2022 LLC Annual Report

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Business ID: 1079374
Business Name: G Rayborn Contracting LLC
State of Incorporation: MS
Business Email: garret@grayborncontracting.com

Phone: (\*\*\*)\*\*\*-\*\*\*\*
FEIN: \*\*-\*\*\*\*\*

Principal Address: 692 Hwy 61 North, 692 Hwy 61 North

Natchez, MS 39120

### **Registered Agent**

Name: Donald G Rayborn
692 Highway 61 N

Natchez, MS 39120

### **Managers and Members**

#### **Managers**

Name: Address:

Donald G Rayborn 692 Highway 61 N

Manager Natchez, MS 39120

#### **Officers**

Title/Name:	Address:	Director:
President:		
Vice President:		
Secretary:		
Treasurer:		

☐ This LLC has a written Operating Agreement.



### This is not an official certificate of good standing.

Name History

Name
G Rayborn Contracting LLC

Name Type

Legal

**Business Information** 

Business Type:

Limited Liability Company

Business ID:

1079374

Status:

**Good Standing** 

**Effective Date:** 

11/09/2015

State of Incorporation:

Mississippi

Principal Office Address:

692 Hwy 61 North, 692 Hwy 61 North

Natchez, MS 39120

Registered Agent

Name

Donald G Rayborn 692 Highway 61 N Natchez, MS 39120

Officers & Directors

Name

Title

Donald G Rayborn

692 Highway 61 N

Natchez, MS 39120

Manager

#### **NAICS Code/Nature of Business**

423810 - Construction and Mining (except Oil Well) Machinery and Equipment Merchant Wholesalers

# **Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day 01/11/2022.

Name:Address:Donald Garret Rayborn692 Hwy 61 NorthPresidentNatchez, MS 39120

# Officers List

Name: Donald G Rayborn Manager Address: 692 Highway 61 N Natchez, MS 39120

# LETTER OF TRANSMITTAL

# JORDAN, KAISER & SESSIONS DATE: **CONSULTING CIVIL ENGINEERS** September 26, 2022 **POST OFFICE BOX 1267** FILE NO: NATCHEZ, MISSISSIPPI 39121 TELE. (601) 442-3628 FAX (601) 442-5511 RE: SAP-01(56) TO: Chief, Environmental Permits Division **Adams County** MSDEQ, Office of Pollution Control P. O. Box 2261 Jackson, MS 39225 ATTN: WE ARE SENDING ☐ SAMPLES ☐ SHOP DRAWINGS ☐ CONTRACTS ☐ ENGINEERING DRAWINGS ☐ TEST REPORTS ☐ LITERATURE ☐ CHANGE ORDERS ☐ OTHER \_\_\_\_\_ ☐ PLANS ☐ PRINTS ☐ LETTERS NO. COPIES DATE DESCRIPTION 1 9/22/22 Large Construction Re-Coverage Form 1 4 sheets LLC Reports THESE ARE BEING SENT: K FOR YOUR APPROVAL ☐ APPROVED AS NOTED ☐ RESUBMIT \_\_\_\_ COPIES FOR APPROVAL ☐ APPROVED AS SUBMITTED FOR YOUR USE ☐ SUBMIT \_\_\_\_ COPIES FOR DISTRIBUTION ☐ APPROVED AS CHANGED ☐ FOR YOUR REVIEW ☐ RENEW \_\_\_\_ COPIES FOR ☐ REJECTED AS NOTED ☐ FOR YOUR COMMENTS ☐ REJECTED AS CHANGED ☐ FOR YOUR SIGNATURE ☐ RETURN FOR CORRECTIONS ☐ FOR YOUR NOTES: Contact; Jim Marlow, Project Engineer; 601-442-3628; jmarlow@jksllc.com JAMar long SIGNATURE: COPY TO: J. A. Marlow, Jr., P.E.

TITLE:

Project Engineer

DATE:

9/26/22