MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ)
Large Construction Storm Water General Permit
NPDES Permit MSR10

LARGE CONSTRUCTION FORMS PACKAGE

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These standard forms are used to apply for permit coverage under the Large Construction Storm Water General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are on our website at www.deq.state.ms.us/MDEQ.nsf/page/epd_epdgeneral. Required information can be completed on screen, printed and signed.

Revised: 12/06/16

AI 86339

MSR120047

11/02/2026

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

LARGE CONSTRUCTION NOTICE OF INTENT (LCNOI) FOR COVERAGE UNDER THE LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT

INSTRUCTIONS

The Large Construction Notice of Intent (LCNOI) is for coverage under the Large Construction General Permit for land disturbing activities of five (5) acres or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than five (5) acres but will ultimately disturb five (5) or more acres. Applicant must be the owner or operator. For construction activities, the operator is typically the prime contractor. 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 Large Construction Storm Water General Permit MSR10.

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. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Completed LCNOIs should be filed at least thirty (30) days prior to the commencement of construction. Discharge of storm water from large construction activities without written notification of coverage is a violation of state law.

Submittals with this LCNOI must include:
- **A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit**
- **A detailed site-specific scaled drawing showing the property layout and the features outlined in ACT5 of the General Permit**
- **A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.**

Additional submittals may include the following, if applicable:
- **Appropriate Section 404 documentation from U.S. Army Corps of Engineers**
- **Appropriate documentation concerning future disposal of sanitary sewage and sewage collection system construction**
- **Appropriate documentation from the MDEQ Office of Land & Water concerning dam construction and low flow requirements**
- **Approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties**
- **Antidegradation report for disturbance within Waters of the State**

ALL QUESTIONS MUST BE ANSWERED (Answer "NA" if the question is not applicable)

OC

MSR120047

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☑ OWNER ☐ PRIME CONTRACTOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Wayne Spell

OWNER COMPANY LEGAL NAME: DeSoto County Regional Utility Authority

OWNER STREET OR P.O. BOX: 365 Losher Street, Suite 310

OWNER CITY: Herando **STATE:** MS **ZIP:** 38632

OWNER PHONE #: (662) 298-2295 **OWNER EMAIL:** wspell@digitdesoto.com

PREPARER CONTACT INFORMATION

IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT

CONTACT PERSON: David Kiesel

COMPANY LEGAL NAME: Waggoner Engineering, Inc.

STREET OR P.O. BOX: 2540 Hwy 51 South

CITY: Hernando **STATE:** MS **ZIP:** 38632

PHONE # ( ) 662-429-2100 **EMAIL:** david.kiesel@waggonereng.com

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON: TBD

PRIME CONTRACTOR COMPANY LEGAL NAME:

PRIME CONTRACTOR STREET OR P.O. BOX:

PRIME CONTRACTOR CITY: **STATE:** **ZIP:**

PRIME CONTRACTOR PHONE #: (___) **PRIME CONTRACTOR EMAIL:**

FACILITY SITE INFORMATION

FACILITY SITE NAME: Center Hill Water Reclamation Facility

FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projects indicate the beginning of the project and identify all counties the project traverses.)

STREET: project location is south of Center Hill Rd across from Center Hill Elementary School

CITY: Olive Branch STATE: MS COUNTY: DeSoto ZIP: 38654

FACILITY SITE TRIBAL LAND ID (N/A If not applicable): N/A

LATITUDE: 34 **degrees** 55 **minutes** 06 **seconds** **LONGITUDE:** 89 **degrees** 44 **minutes** 55 **seconds**

LAT & LONG DATA SOURCE (GPS *(Please GPS Project Entrance/Start Point)* or Map Interpolation): Google Earth Pro

TOTAL ACREAGE THAT WILL BE DISTURBED [1]: approximately 15 acres

IS THIS PART OF A LARGER COMMON PLAN OF DEVELOPMENT? YES ☑ NO ☐

IF YES, NAME OF LARGER COMMON PLAN OF DEVELOPMENT: Treatment Plant provided for population growth in nearby area
AND PERMIT COVERAGE NUMBER: MSR10_ _ _ _

ESTIMATED CONSTRUCTION PROJECT START DATE: 2027-07-01 (YYYY-MM-DD)

ESTIMATED CONSTRUCTION PROJECT END DATE: 2029-06-30 (YYYY-MM-DD)

DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of wastewater treatment infrastructure and discharge pipeline to the Coldwater river

PROPOSED DESCRIPTION OF PROPERTY USE AFTER CONSTRUCTION HAS BEEN COMPLETED:
Land used to provide wastewater treatment services to the city of Olive Branch and surrounding areas in DeSoto County

SIC Code: 4 9 5 2 **NAICS Code** _ _ _ _ _ _

NEAREST NAMED RECEIVING STREAM: Coldwater River

IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found on MDEQ's web site: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section) YES ☐ NO ☑

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES ☑ NO ☐

FOR WHICH POLLUTANT: Fecal Coliform

ARE THERE RECREATIONAL STREAMS, PRIVATE/PUBLIC PONDS OR LAKES WITHIN ½ MILE DOWNSTREAM OF PROJECT BOUNDRY THAT MAY BE IMPACTED BY THE CONSTRUCTION ACTIVITY? YES ☑ NO ☐

EXISTING DATA DESCRIBING THE SOIL (for linear projects please describe in SWPPP):
silty clays and clayey silts

WILL FLOCCULANTS BE USED TO TREAT TURBIDITY IN STORM WATER? YES ☐ NO ☑

IF YES, INDICATE THE TYPE OF FLOCCULANT. ☐ **ANIONIC POLYACRYLIMIDE (PAM)** ☐ **OTHER** _____

IF YES, DOES THE SWPPP DESCRIBE THE METHOD OF INTRODUCTION, THE LOCATION OF INTRODUCTION AND THE LOCATION OF WHERE FLOCCULATED MATERIAL WILL SETTLE?

IS A SDS SHEET INCLUDED FOR THE FLOCCULATE? YES ☐ NO ☑

WILL THERE BE A 50 FT BUFFER BETWEEN THE PROJECT DISTURBANCE AND THE WATERS OF THE STATE? YES ☑ NO ☐

IF NOT, PROVIDE EQUIVALENT CONTROL MEASURES IN THE SWPPP.

[1]Acreage for subdivision development includes areas disturbed by construction of roads, utilities and drainage. Additionally, a housesite of at least 10,000 ft^2 per lot (entire lot, if smaller) shall be included in calculating acreage disturbed.

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

COVERAGE UNDER THIS PERMIT WILL NOT BE GRANTED UNTIL ALL OTHER REQUIRED MDEQ PERMITS AND APPROVALS ARE SATISFACTORILY ADDRESSED

IS LCNOI FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS? YES ☑ NO ☐

IF YES, CHECK ALL THAT APPLY: ☐ AIR ☐ HAZARDOUS WASTE ☐ PRETREATMENT ☐ WATER STATE OPERATING ☐ INDIVIDUAL NPDES ☑ OTHER: USACE 401 & 404

IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.) YES ☑ NO ☐

IF THE PROJECT REQUIRES A CORPS OF ENGINEER SECTION 404 PERMIT, PROVIDE APPROPRIATE DOCUMENTATION THAT:

-The project has been approved by individual permit, or
-The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or
-The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required

IS THE PROJECT REROUTING, FILLING OR CROSSING A STATE WATER CONVEYANCE OF ANY KIND? (If yes, please provide an antidegradation report.) YES ☑ NO ☐

IS A LAKE REQUIRING THE CONSTRUCTION OF A DAM BEING PROPOSED? (If yes, provide appropriate approval documentation from MDEQ Office of Land and Water, Dam Safety.) YES ☐ NO ☑

IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED? Check one of the following and attach the pertinent documents.

☐ **Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form or approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications can not be provided at the time of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow.**

☐ **Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date: _____.)**

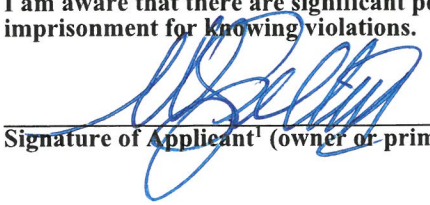
☐ **Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.**

☐ **Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.**

INDICATE ANY LOCAL STORM WATER ORDINANCE (I.E. MS4)WITH WHICH THE PROJECT MUST COMPLY:

DeSoto County Stormwater Ordiance

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 fine and imprisonment for knowing violations.



Signature of Applicant[1] (owner or prime contractor)

5/30/26

Date Signed

Wayne Spell

Printed Name[1]

Executive Director, DCRUA

Title

[1]This 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

Please submit the LCNOI form 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/**

Revised 3/23/22

PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 __ __ __ __ County _____

(Fill in your Certificate of Coverage Number and County)

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: TBD **PHONE NUMBER: (___)_____**

PRIME CONTRACTOR COMPANY: _____

PRIME CONTRACTOR STREET (P.O. BOX): _____

PRIME CONTRACTOR CITY: _____ **STATE:** _____ **ZIP:** _____

E-MAIL ADDRESS: _____

OWNER INFORMATION

OWNER CONTACT PERSON: Wayne Spell **PHONE NUMBER: (**662**)** 298-2295

OWNER COMPANY NAME: DeSoto County Regional Utility Authority

PROJECT INFORMATION

PROJECT NAME: Center Hill Water Reclamation Facility

DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of wastewater treatment infrastructure and discharge pipeline to Coldwater River

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: south of Center Hill Rd, across from Center Hill Elementary School

CITY: Olive Branch **COUNTY:** DeSoto

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.

_____ _____

Prime Contractor Signature[1] **Date Signed**

_____ _____

Printed Name[1] **Title**

[1]This 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

Keep a Copy Available at the Permitted Facility or Locally Available
Submit the Inspection Reports Only if Requested by the Mississippi Department of Environmental Quality (MDEQ)

LARGE CONSTRUCTION GENERAL PERMIT
SITE INSPECTION AND CERTIFICATION FORM
COVERAGE NUMBER (MSR10 _ _ _ _)

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS

Results of construction storm water inspections required by ACT6 of this permit shall be recorded on this report form and kept with the Storm Water Pollution Prevention Plan (SWPPP) in accordance with the inspection documentation provisions of ACT9 of the this permit. Inspections shall be performed at least weekly for a minimum of four inspections per month. The coverage number must be listed at the top of all Inspection and Certification Forms.

COVERAGE RECIPIENT INFORMATION

OWNER/PRIME CONTRATOR NAME: Contractor TBD

PROJECT NAME: _____

PROJECT STREET ADDRESS: _____

PROJECT CITY: _____ **PROJECT COUNTY:** _____

OWNER/PRIME CONTRACTOR MAILING ADDRESS: _____

MAILING CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____ **CONTACT PHONE NUMBER:** (_____)_____

EMAIL ADDRESS: _____

INSPECTION DOCUMENTATION

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): _____

_____

_____

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): _____

_____

_____

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan (SWPPP) and sound engineering practices as required by the above referenced permit. I further certify that the LCNOI and SWPPP information is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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.

_____ _____
Authorized Signature Date

_____ _____
Printed Name Title

Revised: 12/10/16

MAJOR MODIFICATION FORM
FOR LARGE CONSTRUCTION GENERAL PERMIT
Coverage No. MSR10 _ _ _ _ County _____

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality at least 30 days in advance of the following activities (check all that apply). This form should be submitted with a modified Storm Water Pollution Prevention Plan (SWPPP), updated USGS topographic map, Corps of Engineers Section 404 documentation and wastewater collection and treatment information, as appropriate.

☐ **SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered project.**

☐ **"Footprint" identified in the original LCNOI is proposed to be enlarged.**

This form must be signed by the current coverage recipient under Mississippi's Large Construction General Permit. A different developer of new phases of existing subdivisions must apply for separate permit coverage through the submittal of a new complete LCNOI package. Coverage recipients are authorized to discharge storm water associated with proposed expansions of existing subdivisions or subsequent phases, under the conditions of the General Permit, only upon receipt of written notification of approval by MDEQ. All other modifications, such as changes of erosion and sediment controls used, must be in accordance with ACT6, S-1 (6) and S-2 (7) of the General Permit.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT NAME: _____ TEL # (_____) _____

COMPANY NAME: _____

STREET OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

PROJECT INFORMATION

PROJECT NAME: _____

CITY: _____

ADDITIONAL ACREAGE TO BE DISTURBED: _____ TOTAL PROJECT ACREAGE: _____

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 fine and imprisonment for knowing violations.

_____ _____
Signature (must be signed by coverage recipient) Date

_____ _____
Printed Name Title

Please submit this form to:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 12/12/16

Environmental Permits for Industrial Facilities
Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I.

Facility Name: _____

Location: (Do Not Use P.O. Box)

Street: _____

City: _____ State: MS Zip: _____

County: _____

Telephone: (_____)_____

Item II.

Responsible official after transfer or name change:

Name: _____

Title: _____

Mailing Address:
Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone (_____)_____

Item III.

Previous Permittee[1]: _____

Mailing Address:

Street/P.O. Box:_____

City: _____ State: _____ Zip: _____

Telephone: (_____)_____

Item IV.

New Permittee[1]: _____

Mailing Address:

Street/P.O. Box:_____

City: _____ State: _____ Zip: _____

Telephone: (_____)_____

Item V.

Industrial Activity SIC Code: _____

Brief Description:

Item VI.

Will Facility Operations Change? Yes _____ No _____

If yes, the appropriate applications and permits may require modification prior to change.

Item VII.

Will Facility Name Change? Yes_____ No_____

If Yes, Provide New Name for Permit Coverage.

New Name:_____

Item VIII.

Signature for Name Change

Print Name: _____

Authorized Signature[2]: _____

Title: _____ Date: _____

Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From:_____

To:_____ Acquisition Date:_____

By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.

_____ _____

Print New Permittee[1] Name Print Previous Permittee[1] Name

_____ _____

New Authorized Signature[2] Previous Authorized Signature[2]

_____ _____ _____ _____

Title Date Title Date

[1]A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
[2]Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 2, Ch. 2. and 11 Miss. Admin. Code Pt. 6, Ch. 1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

Item X. Storm Water

(Check One)

☐ A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.

☐ The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.

☐ The recipient is submitting a new SWPPP, which is attached to this form.

☐ A copy of the SWPPP cannot be obtained from the original owner.

Item XI. Hazardous Waste ID Number

EPA ID No. _____

(Check One)

☐ An EPA Hazardous Waste ID Number is not required for the site.

☐ The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.

Item XII. Permit(s) and/or Coverage(s) to be Transferred

Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	OTHER INFORMATION:

INSPECTION SUSPENSION FORM

UNDER LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS

Coverage recipients under Mississippi's Large Construction Storm Water General Permit may temporarily suspend required weekly inspections of erosion and sediment controls and monthly record keeping by submission of this form. Inspections may be suspended only when land disturbing activities have ceased, no further land disturbing activities are planned for a period of at least six (6) months, the site is stable with no active erosion, and vegetative cover has been established (see ACT9, S-1). The coverage recipient is responsible for all permit conditions during the suspension period and nothing in this condition shall limit the rights of MDEQ to take enforcement or other actions against the coverage recipient. Once land disturbing activities resume MDEQ must be notified and all inspections and record keeping required by the permit must also resume. Color photographs, representative of the construction site, must be submitted with this inspection form.

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: _____

COMPANY NAME: _____

STREET OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # (INCLUDE AREA CODE): _____ E-MAIL: _____

PROJECT INFORMATION

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER: MSR10 __ __ __ __

PROJECT NAME: _____

CITY: _____ COUNTY: _____

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 fine and imprisonment for knowing violations. **I further certify that: land disturbing activities have ceased, no further land disturbing activities are planned for a period of at least six (6) months, the site is stable with no active erosion, and vegetative cover has been established.**

_____ _____

Signature (must be signed by coverage recipient) Date Signed

_____ _____

Printed Name Title

Please submit this form to:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 12/10/2016

Request for Termination (RFT) of Coverage

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 __ __ __ __ County _____

(Fill in your Certificate of Coverage Number and County)

This form must be submitted within thirty (30) days of achieving final stabilization (see ACT10, S-1 of general permit). Failure to submit this form is a violation of permit conditions.

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).

(Please Print or Type)

Project Name: _____

Physical Site Street Address (if not available, indicate nearest named road): _____

City: _____ **County:** _____ **Zip:** _____

Coverage Recipient Company Name: _____

Street Address / P.O. Box: _____

City: _____ **State:** _____ **Zip:** _____

Coverage Recipient Contact Name and Position: _____ **Tel. #:** (____) _____

Has another owner(s) or operator(s) assumed control over all areas of the site that have not reached final stabilization?

RESIDENTIAL SUBDIVISIONS:

- ☐ **YES. A copy of the Registration Form for Residential Lot Coverage for each lot or out parcel that has been sold and a site map, indicating which lots have been sold, are attached.**
- ☐ **NO. Coverage may not be terminated until all areas have reached final stabilization.**

COMMERCIAL DEVELOPMENT:

- ☐ **YES. A copy of the site map, indicating which out-parcels have been sold, is attached.**
- ☐ **NO. Coverage may not be terminated until all areas have reached final stabilization.**

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 understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with construction activity under this general permit. Discharging pollutants associated with construction activity to waters of the State without proper permit coverage is a violation of state law. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print)	Telephone	Signature	Date Signed

[1]This application shall be signed according to the General Permit, ACT11, T-7 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

Revised: 12/01/16