



RE-COVERAGE FORM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

GENERAL PERMIT: MSRMS4 <u>0</u> <u>0</u> <u>7</u>. This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Small Municipal Separate Storm System (MS4) General Permit. This form, with an original signature, must be completed and returned to MDEQ at the address printed at the bottom of this form within 60 days of the date of the Letter of Instruction for Re-Coverage.

Submittals with this Re-Coverage Form must include:

- A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit
- Copies of current municipal storm water ordinances, or if not a city or county, copies of current regulatory mechanisms that address storm water management
- A location map must be attached, if location boundaries have changed since initial coverage issuance
- · Copy of current Storm Water Pollution Prevention Plan (SWPPP) or Plans

Additional submittals may include:

Appendix A and associated Joint MS4 legal documents, if applicable

NOTE: 3-RING BINDERS WILL NOT BE ACCEPTED DUE TO LIMITED FILING SPACE AT MDEQ.

MS4 APPLICANT INFORMATION

MS4 MAILING ADDRESS: 1004 Madison Avenue		
MS4 CITY: Madison	STATE: Mississippi	ZIP: <u>39110</u>
MS4 COUNTY: Madison		
MS4 IS A: ☐ CITY/TOWN ☐ COUNTY	OTHER:	
IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED (If yes, a completed Appendix A must accompany submittal)	? YES□ NO ✓	
MS4 POPULATION: 14,692		
	ter program implementation); Denson Rol	oinson
	ter program implementation): Denson Rol OFFICE PHONE: (601	
PRIMARY LOCAL CONTACT NAME (responsible for storm wa	OFFICE PHONE: (601	856-8958
PRIMARY LOCAL CONTACT NAME (responsible for storm was CONTACT'S TITLE: Public Works Director CELL PHONE: ()	OFFICE PHONE: (_601_) FAX NUMBER: (_601_)	856-8958
PRIMARY LOCAL CONTACT NAME (responsible for storm was CONTACT'S TITLE: Public Works Director CELL PHONE: () E-MAIL ADDRESS (local contact): drobinson@madisonthe	OFFICE PHONE: (601) FAX NUMBER: (601) ecity.com	856-8958
	OFFICE PHONE: (_601_) FAX NUMBER: (_601_) ecity.com isonthecity.com) 856-8958 856-8996

PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITARY BASES, SPECIAL DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (education, hospital, prison, etc.). The MS4 includes the corporate limits of the City of Madison, Mississippi.				
	decidificación de control de cont	Managard Co. And Mr. Managard Co. And Mr. Managard Co.		
RECEIVING WATER INFORMATION IDENTIFY THE MAJOR RECEIVING WATERS (named on a USGS Quad Map) WITHIN THE MS4 BOUNDARIES. IN ADDITION, NOTE THOSE THAT ARE 303(d) LISTED IMPAIRED WATERBODIES WITHIN THE PERMITTED AREA (a complete list of 303(d) listed impaired waters may be found on MDEQ's web site: http://www.deg.state.ms.us).				
RECEIVING STREAM	CHECK IF 303(d) LISTED	RECEIVING STREAM	CHECK IF	
	SOS(G/EISTED)	RECEIVINGSTREAM	303(d) LISTED	
Brashear Creek	_	- 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Culley Creek				
Haley Creek				
	Ш			
accordance with a system designed t Based on my inquiry of the person information, the information submit	to assure that qualified person or persons who manage the ted is, to the best of my kno	achments were prepared under my donnel properly gathered and evaluated to system, or those persons directly restailed and belief, true, accurate and concluding the possibility of fine and including the possibility of fine	the information submitted. ponsible for gathering the complete. I am aware that	
Authorized Signature ¹	Mer			
Authorizeu Signature		Date		
Mary Hawkins Butler		Mayor		
Printed Name		Title		
This application shall be signed according For a corporation, by a responsibl For a partnership, by a general pa For a sole proprietorship, by the p For a municipal, state or other pu	le corporate officer. ortner. oroprietor.		ted official.	
Please submit this form to:	Chief, Environmental MDEQ, Office of Poll P.O. Box 2261			

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Jackson, Mississippi 39225

Revision: 10/02/08



CONSTRUCTION MINIMUM MEASURE ASSISTANCE PETITION SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

GENERAL PERMIT: MSRMS4 $\underline{0}$ $\underline{0}$ $\underline{7}$. This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

INSTRUCTIONS

The form must be submitted to petition MDEQ to assume responsibility for the regulation of storm water runoff from construction activities five (5) acres and greater.

The MS4 General Permit requires regulated entities (MS4s) to develop and implement a Storm Water Management Program (SWMP) to reduce the discharge of pollutants from their storm water conveyance systems. The SWMP must include six (6) minimum control measures, including Construction Site Storm Water Runoff Control from construction activities that result in a land disturbance of greater than or equal to one (1) acre or less if part of a larger common plan of development or sale. In an effort to reduce the regulatory burden on the MS4's, ACT6, T-1 of the General Permit allows the regulated entity to petition MDEQ to assume responsibility for the regulation of storm water runoff from large construction activities five (5) acres and greater.

Activities that disturb less than five (5) acres remain the MS4's responsibility, including activities that are part of a larger common plan of development or sale. For example, the MS4 is responsible for regulating storm water runoff from individual lot construction even though the large residential subdivision had been covered under MDEQ's Large Construction Storm Water General Permit.

If MDEQ agrees to assume this responsibility, the regulated entity is not required to include MDEQ's portion of the minimum control measure in the SWMP, nor required to address large construction in the annual report. If MDEQ does not agree to assume this responsibility, the regulated entity will be notified in writing.

MS4 INFORMATION

MS4 MAILING ADDRESS: 1004 Madison Avenue		
MS4 CITY: Madison	STATE: Mississippi	ZIP: 3911
MS4 COUNTY: Madison		
MS4 IS A: CITY/TOWN COUNTY	OTHER:	
LOCAL CONTACT NAME (responsible for construction storm w	ater program implementation): Denson F	
		01) 856-8958
	OFFICE PHONE: (60	01) 856-8958

In accordance with ACT6,T-1 of the MS4 General Permit, the regulated entity (MS4) described above, requests the Mississippi Department of Environmental Quality (MDEQ) to assume responsibility for regulating storm water runoff from large construction activities, five (5) acres and greater. I understand that the above MS4 is still required to develop and implement a Storm Water Management Plan to reduce pollutants from construction activities less than five (5) acres in accordance with ACT5 of the general permit.

May Way Kin Rules Authorized Signature	3-2-09		
Authorized Signature ¹	Date		
Mary Hawkins Butler	Mayor		
Printed Name	Title		

¹This application shall be signed according to the General Permit, ACT9, T-5 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 either a principal executive officer, the mayor, or ranking elected official.

Please submit this form to:

Chief, Environmental Permits Division MDEQ, Office of Pollution Control

P.O. Box 2261

Jackson, Mississippi 39225

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