PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 6 4 6 County Pike
(Fill in your Certificate of Coverage Number and County)

completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion d 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 several 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:
STATE: 175 ZIP: 34(60)
OWNER INFORMATION
OWNER CONTACT PERSON: Percy Robinson PHONE NUMBER: (601) 276-9536 OWNER COMPANY NAME: Town of Summit
PROJECT INFORMATION
SCRIPTION OF CONSTRUCTION ACTIVITY: Construction of new wastewater treatment facility, construction of 2 new lift stations & associated forcemain, and closure of 2 existing treatment lagoons. 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: 1170 Martin Luther King Dr.; 1020 US-51; 1063 SW College Dr.; 1013 Robert Ayers Rd.
CITY: Summit COUNTY: Pike
I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDE permit. I further certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based 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 Date Signed Testify that I am the prime above referenced general NPDE permitted to the above reference gen
Printed Name Title
¹ This application shall be signed as follows: This Prime Contractors Certification form shall be submitted to:

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.

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

Revised: 12//16/10