INSPECTION SUSPENSION FORM

UNDER LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10



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 ACT10, 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 INFORMAT	ION
COVERAGE RECIPIENT CONTACT PERSON:		
COMPANY NAME:		
STREET OR P.O. BOX:		
CITY:	STATE:	ZIP:
PHONE # (INCLUDE AREA CODE):		
PROJ	ECT INFORMATION	
CONSTRUCTION STORM WATER GENERAL PER PROJECT NAME:		
CITY:		
I certify under penalty of law that this document and all a with a system designed to assure that qualified personnel inquiry of the person or persons who manage the system, information submitted is, to the best of my knowledge and penalties for submitting false information, including the penalties have ceased, no further months, the site is stable with no active erosion, and verification.	properly gathered and evaluated the or those persons directly responsible displayed belief, true, accurate and completossibility of fine and imprisonment land disturbing activities are pland.	the information submitted. Based on my ble for gathering the information, the etc. I am aware that there are significant int for knowing violations. I further certify lanned for a period of at least six (6)
Signature (must be signed by coverage recipient)		Pate Signed
Printed Name		Title
Please submit this form to: Chief, Environmental MS Department of Environment of Environment of Environmental MS Department	Permits Division	on Control

Revised: 12/21/10

P.O. Box 2261

Jackson, Mississippi 39225