# 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.**
**Color photographs, representative of the stabilized construction site, must be submitted with this form.**
**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:** _____

**Latitude:** **degrees** **minutes** **seconds** **Longitude:** **degrees** **minutes** **seconds**

**Lat & Long Data source (GPS or Map Interpolation):**

**Coverage Recipient Company Name:** _____

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

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

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

**EMAIL:** _____

**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

Electronically: https://www.mdeq.ms.gov/construction-stormwater/