## **Primary Permittee Duly Authorized Representative Form**

Project Name:	ТВС		NPDES Tracking Number:	TN0081809
Street Address	1000 TBC Drive. Rossville, TN 38611		Start date:	05/01/16
or Location:	TOOO I BC DIEVE	, Rossville, 114 38611	Estimated end date:	12/31/16
SKa			Latitude (dd.dddd):	34.996675
Description:	. ,	a Commercial Warehouse	Longitude (dd.dddd):	-89.576713
Parate fresh	Forester	DAS A tradediction	Acres Disturbed:	78.8
County(les):	Fayette	MS4 Jurisdiction:	Total Acres:	83.79

For the purpose of satisfying signatory requirements for all reports, as noted in Section 7.7.2 of the Tennessee General NPDES Permit for Discharges of Stormwater Associated with Construction Activities, the primary permittee authorizes the identified responsible party to act as his Duly Authorized Representative. With his signature, the Duly Authorized Representative accepts responsibility.

Site Owner or Developer Co. William Hancock, Jr.	Title or Position: Sr. Vice President			
Mailing Address:		City:	State:	Zip:
1600 Division St., Suite 520		Nashville	TN	37203
Phone:	Fax: ( 615 ) 385-9856	E-mail:		
(615 ) 385-6785	whancock@alstonco.com			
i hereby authorize the identij	fied Duly Authorized Representative to satisfy the sig	natory requirement	s for aforement	tioned projec
Owner or Developer Name;	(print or type) Signature:			Date:
	1111-11	117	•	du 11
William Hancock, Jr.	11/2000	7/11/1	1	1/00/1
	presentative for Primary Permittee:			<i></i>
Name of Duly Authorized Re	presentative for Primary Permittee: ive Contact Name: (individual responsible for site):	Title or Position Sr. Project Man		for all one
Name of Duly Authorized Re Duly Authorized Representat Chad Lindsay				Zip:
Name of Duly Authorized Re Duly Authorized Representat Chad Lindsay Mailing Address:		Sr. Project Man	ager	Zip: 38611
Name of Duly Authorized Re Duly Authorized Representat Chad Lindsay Mailing Address: 7521 Hwy 72		Sr. Project Man City:	ager State:	1000000
Name of Duly Authorized Re Duly Authorized Representat Chad Lindsay Mailing Address: 7521 Hwy 72 Phone:	ive Contact Name: (individual responsible for site):	Sr. Project Man City: Byhalia	State:	1000000
Name of Duly Authorized Re Duly Authorized Representat Chad Lindsay Mailing Address: 7521 Hwy 72 Phone: [ 901 } 331-5782	ive Contact Name: (individual responsible for site):    Fax:	Sr. Project Man. City: Byhalia E-mall: clindsay@alstor	State; MS	1000000
Name of Duly Authorized Re Duly Authorized Representat Chad Lindsay Mailing Address: 7521 Hwy 72 Phone: 901 } 331-5782	ive Contact Name: (individual responsible for site):    Fax:   ( 916    ) 418-2937	Sr. Project Man. City: Byhalia E-mall: clindsay@alstor	State: MS	1000000

