

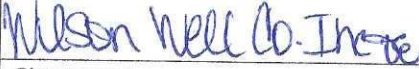
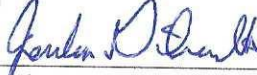
**Owner or Developer Certification:** (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Owner or Developer Name: (print or type):	Signature:	Date:
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**Contractor(s) Certification:** (must be signed by president, vice-president or equivalent, or ranking elected official) (Secondary Permittee)

I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above and/or my inquiry of the person directly responsible for assembling this NOI and SWPPP, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Primary contractor name, address, and SOS control number (if applicable): (print or type) Wilson Well Co., Inc, 8050 Whiteville Newcastle Rd., Whiteville, TN 38075	Signature: 	Date: 7-12-22
Primary contractor name, address, and SOS control number (if applicable): (print or type) C. Jordan Gilreath, 8050 Whiteville Newcastle Rd, Whiteville, TN 38075	Signature: 	Date: 7-12-22
Primary contractor name, address, and SOS control number (if applicable): (print or type)	Signature:	Date: