

AI #4820

John H.

MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

RECEIVED

DEC 16 2015

Dept. of Environmental Quality

**BASELINE STORM WATER GENERAL PERMIT  
RE-COVERAGE FORM****FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
BASELINE GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 0431****INSTRUCTIONS**

The submittal of this form is required to receive coverage under the reissued Baseline General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 45 days of the date of the Letter of Instruction for Re-Coverage.

The signatory of this form must be the owner or operator who is the current coverage recipient (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be ineffective in controlling storm water pollutants.

If the facility is out of business or no longer a regulated facility, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Baseline Forms Package. Facilities that continue to discharge wastewater without applicable permit coverage are in violation of state law.

Do not submit this form if submitting a "Request for Termination" (RFT).

Do not submit this form if submitting a "No Exposure Certification."

**ALL FORM BLANKS MUST BE COMPLETED** (enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: ☐ owner/operator ☒ facility (please check one)

**COVERAGE RECIPIENT INFORMATION**

CONTACT NAME & POSITION: ROBERT BLAKE LOPER / GENERAL MANAGER  
COMPANY NAME: MERIDIAN & BIGBEE RAILROAD LLC  
STREET OR P.O. BOX: 400 18<sup>th</sup> Ave SOUTH  
CITY: MERIDIAN STATE: MS ZIP: 39301  
PHONE NUMBER (601) 693-7351 EXT 22 EMAIL: rloper@gwrr.com

# FACILITY INFORMATION

FACILITY NAME: M+B LOCOMOTIVE SHOP

CONTACT NAME & POSITION: DONALD G. JACKSON CHIEF MECHANICAL OFFICER

CONTACT PHONE NUMBER (601) 678-1231 EMAIL: djackson@gwrr.com

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
4011 RAILROADS, LINE - HAUL OPERATING

PHYSICAL SITE ADDRESS: STREET: 400 18<sup>th</sup> Ave South

CITY: MERIDIAN COUNTY: LAUDERDALE ZIP: 39301

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 21 minutes 24 seconds N LONGITUDE: -88 degrees 41 minutes 28 seconds W

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: \_\_\_\_\_

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☒ YES ☐ NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ☒ NO

## STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? ☒ YES ☐ NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? ☒ YES ☐ NO  
 IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).

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 fine and imprisonment for knowing violations.

I further certify that I understand when coverage is terminated the facility is no longer authorized to discharge storm water associated with industrial activity under this general permit. I understand that discharging pollutants in storm water associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

Signature: 

Date: 12-15-2015

Printed Name: Robert Blake Lyer

Title: General Manager

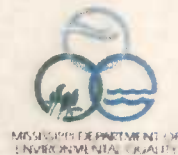
<sup>1</sup>This form shall be signed according to ACT14, T-9 of the General Permit, as follows:

- 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



**BASELINE STORM WATER GENERAL PERMIT**  
**COVERAGE NUMBER (MSR00 0431)**  
**ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPPP EVALUATION REPORT**  
**(FOR INDUSTRIAL STORM WATER ACTIVITY)**



Results of the inspections required by ACT8 of this permit shall be recorded on this report form and submitted annually (postmarked no later than the 28th day of January for the preceding calendar year). Copies of all completed forms shall be retained with the SWPPP. Inspections must be performed monthly. The last submittal of the Annual Site Inspection and SWPPP Evaluation Report Form (due no later than January 28, 2015), shall be deemed to be a notification that the coverage recipient intends to seek coverage under a reissued Baseline Storm Water General Permit. Procedures for obtaining recoveage are outlined in the general permit. The coverage number must be listed at the top of all Site Inspection Report Forms.

**COVERAGE RECIPIENT INFORMATION**

COMPANY NAME: M+B RAILROAD FACILITY NAME: M+B LOCOMOTIVE SHOP  
 PHYSICAL SITE ADDRESS: 400 18th Ave South  
 CITY: MERIDIAN COUNTY: LAUDERDALE  
 CONTACT PERSON: GLENN JACKSON CONTACT PHONE NUMBER: 601-678-1231  
 MAILING ADDRESS: 119 22nd Ave South CITY: MERIDIAN STATE: MS ZIP: 39301

**INSPECTION DOCUMENTATION**

| DATE<br>(mm/dd/yy) | TIME<br>(hh:mm<br>AM/PM) | ANY DEFICIENCIES? |    | IF YES, WERE<br>CORRECTIVE ACTIONS<br>TAKEN? |    | INSPECTOR(S)       |
|--------------------|--------------------------|-------------------|----|--|----|--------------------|
|                    |                          | Yes               | No | Yes  | No |                    |
| 01/06/15           | 08:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 02/03/15           | 07:30 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 03/08/15           | 08:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 04/10/15           | 07:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 05/04/15           | 07:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 06/02/15           | 07:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 07/01/15           | 07:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 08/04/15           | 08:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 09/03/15           | 08:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 10/01/15           | 07:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 11/2/15            | 07:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |
| 12/6/15            | 08:00 AM                 |                   | X  |  |    | <i>[Signature]</i> |

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the BNOI and SWPPP information on file with MDEQ is up to date.

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.

Authorized Signature

Donald Jackson

Printed Name

Date

12-15-2015

Title

CHIEF MECHANICAL OFFICER

Please submit this form to:

Chief, Environmental Compliance and Enforcement Division  
 MDEQ, Office of Pollution Control  
 P.O. Box 2261  
 Jackson, Mississippi 39225

Revised: 09/30/10