



BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 3 7 7

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)

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COVERAGE RECIPIENT INFORMATION				
CONTACT NAME & POSITION: Teddy Faust, CSP	: SHEC Director - South			
COMPANY NAME: Sims Metal Management South Corporation dba Sims Metal Management				
STREET OR P.O. BOX: 304 West Bankhead Street				
CITY: New Albany	STATE: Mississippi	ZIP: 38652		
PHONE NUMBER (662) 538-7122	EMAIL: Teddy.Faust@simsmm.com			

FACILITY INFORMATION

FACILITY NAME: SMM South Corporation, Greenwood dba Sims Met.	al Management		
CONTACT NAME & POSITION: Teddy Faust, CSP: SHEC Director - So	uth		
CONTACT PHONE NUMBER (66 538-7122 EMAIL: Teddy.Fa	ust@simsmm.com		
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESC	CRIPTION OF INDUS	STRIAL ACTIV	TTY:
5 0 9 3 SCRAP AND WASTE MATERIALS			
PHYSICAL SITE ADDRESS: STREET: 405 8th Street			
CITY: Greenwood COUNTY: Leflore		ZIP: 38930	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:			
LATITUDE: 29 degrees 97 minutes 33 seconds LONGITUDE	: <u>90</u> degrees <u>13</u>	minutes 86	seconds
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING T	HE SITE: Walker L	ake Canal	
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?		YES	✓ NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGME	ENT?	YES	✓ NO
STORM WATER POLLUTION PREVENTION	ON PLAN (SWP)	OD)	L. Tauli
STORW WATER TOELE TO WERE THE	ONTEAN (BWT)		
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 IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instruction	WATER POLLUTANT s on front page).	S? YES	NO
I certify under penalty of law that this document and all attachments were prepared une system designed to assure that qualified personnel properly gathered and evaluated the person or persons who manage the system, or those persons directly responsible for gath the best of my knowledge and belief, true, accurate and complete. I am aware that there 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 a industrial activity under this general permit. I understand that discharging pollutants is	information submitted. nering the information, e are significant penaltic authorized to discharge	Based on my in the information es for submitting storm water ass	quiry of the submitted is, to g false ociated with
waters of the state without NPDES coverage is in violation of state law.	n storm water associate	u with muusti ia	activity to
Deddy Fast, CSP	$\frac{12/2}{\text{Date}}$	1/15	
Signature ¹ /	Jate		
1000, 1000, 000	SHEC Director - S	outh	
 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 offic	cial.	
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