



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 6

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: wher/operator	ck one)
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, Elliott dba Sims Metal M	anagement		
	Teddy Faust, CSP: SHEC Director - Se			
	538-7122 EMAIL: Teddy.Fa			
	IAL CLASSIFICATION (SIC) CODE & DES		DIAL ACTIV	ITV.
5 0 9 3 SCRAP AND V		CKII HON OF INDUSTI	MAL ACTIV	111:
PHYSICAL SITE ADDRESS:	STREET: 81 Morris Road, Hig	hway 51 Santh		
CITY: Grenada		rway or somiii Z	38026	
PROVIDE THE COORDINATES O			IP: 30720	
		75	26	
LATITUDE: 33 degrees 68 minutes 10 seconds LONGITUDE: 89 degrees 75 minutes 26 seconds NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Batupan Bogue Creek				
		THE SITE: Batupan Bo		
IS RECEIVING STREAM ON M	DEQ's 303(d) LIST?		YES	✓ NO
HAS A TMDL BEEN ESTABLISH	ED FOR THE RECEIVING STREAM SEGM	ENT?	YES	✓ NO
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
1. IS A COPY OF THE SWPPP AT	THE PERMITTED SITE?		YES	□ NO
	AND EFFECTIVE IN CONTROLLING STORM UIRED SWPPP AMENDMENTS (see Instruction		✓ YES	□ NO
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 ¹	ast, CSP	12/21 Date	115	
Teddy Faust, CSP Printed Name ¹		SHEC Director - Sou Title	th	
¹ 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, Off P.O. Box 2261 Jackson, Mississippi 39225	ice of Pollution Control		

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