AI # 386

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Dept. of Environmental Quality

MISSISSIPPI DEPARTMENT 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 1 0 0 0

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: ANTHONY RASBERRY

COMPANY NAME: AMITE LUMBER COMPANY

STREET OR P.O. BOX: P. O. BOX 597

CITY: BROOKHAVEN STATE: MS. ZIP: 39601

PHONE NUMBER (601) 833-4484 EMAIL: RA221040@~~YAHOO.COM~~ GMAIL.COM

FACILITY INFORMATION

FACILITY NAME: AMITE LUMBER

CONTACT NAME & POSITION: ANTHONY RASBERRY

CONTACT PHONE NUMBER (601) 384-7714 EMAIL: RAZZ7714@GMAIL.COM

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

2421 PINE LUMBER

PHYSICAL SITE ADDRESS: STREET: 4622 OLD McCOMB LIBERTY ROAD

CITY: LIBERTY COUNTY: AMITE ZIP: 39645

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: N31 degrees 09' minutes 30" seconds LONGITUDE: W90 degrees 47' minutes 45" seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: CARROL BRANCH

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.

Anthony M. Rasberry
Signature[1]

4 JAN 2016
Date

ANTHONY M. RASBERRY
Printed Name[1]

MILL MANAGER
Title

[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, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225