

AI #8178

John H.



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
FEB 1 2016
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 0 2 3 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)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: GARY COOPER - AIRPORT BOARD MEMBER

COMPANY NAME: NEW ALBANY-UNION COUNTY AIRPORT

STREET OR P.O. BOX: 1034 COUNTY ROAD 80

CITY: NEW ALBANY STATE: MISSISSIPPI ZIP: 38652

PHONE NUMBER (662) 5344457

EMAIL: gary@cecontrols.com

FACILITY INFORMATION

FACILITY NAME: NEW ALBANY- UNION COUNTY AIRPORT

CONTACT NAME & POSITION: KELLEY DOUGLASS - AIRPORT MANAGER

CONTACT PHONE NUMBER (662) 5341010 EMAIL: kellyqd85@hotmail.com

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
4 5 8 1 AIRPORTS, FLYING FIELDS

PHYSICAL SITE ADDRESS: STREET: 1034 COUNTY ROAD 80

CITY: NEW ALBANY COUNTY: UNION ZIP: 38652

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 34 degrees 32 minutes 54 seconds LONGITUDE: 89 degrees 1 minutes 31 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Damnation & McAllister

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

Printed Name

Title

¹This 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

Letter Of Transmittal



Neel-Schaffer, Inc.
5740 Getwell Road, Building 2
Southaven, MS/ 38672
Phone: (662) 890-6404
Fax: (662) 890-6407

To: Chief, Environmental Permits Division
MS Department of Environmental
Quality

Date January 29, 2016

P.O. Box 2261

Project Name New Albany-Union County Airport

Jackson, MS 39225

N-S Proj. No.
Client Proj.
No.

WE ARE SENDING YOU THE FOLLOWING:

Submittal No.	<input checked="" type="checkbox"/>	Attached	<input type="checkbox"/>	Separately via:
Shop Drawings	<input type="checkbox"/>	Plans	<input type="checkbox"/>	Specifications
Copy of Letter	<input type="checkbox"/>	Change Order	<input type="checkbox"/>	Other: _____

O=	Original
PC=	Photocopy
PR=	Print
R=	Reproducible

These are transmitted as checked below:

☐ As Requested ☐ For Approval
☐ For Review & Comment ☐ For Use/Information

No.	Type	Date	Description
1	O		Re-Coverage Form for New Albany-Union County Airport

REMARKS Should you have any questions regarding this matter, please give us a call.

Copy: _____

NEEL-SCHAFFER, INC.

By: Susana Cook

If enclosures are not as noted, please notify us at once.