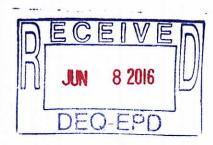
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BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 3 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 i	nailed to: owner/operato	r ✓ facility (please check one)	
COVER	AGE RECIPIENT INFORMA	ATION	
CONTACT NAME & POSITION: Stephen Kins	sland, Sr. / President		
COMPANY NAME: Griffin, Inc.			
STREET OR P.O. BOX: 6562 Highway 178 V	Vest		
CITY: Byhalia	STATE: MS	ZIP: 38611	
PHONE NUMBER (662) 838-2128	EMAIL: skinsland@griffinarmor.com		

FACILITY INFORMATION

	TACIBITI IN OR		
FACILITY NAME: Griffin, Inc.			
CONTACT NAME & POSITION:	Garet Ford / EHS Manager		
CONTACT PHONE NUMBER (662)	838-2128 EMAIL: gf	ord@griffinarmor.com	
	IAL CLASSIFICATION (SIC) CODE		
3 4 9 9 Fabricated Meta	al Products		
PHYSICAL SITE ADDRESS:	STREET: 6562 Highway	y 178 West	
CITY: Byhalia COUNTY: Marshall			ZIP: 38611
PROVIDE THE COORDINATES O			
LATITUDE: 34 degrees 51 m	ninutes 17.9 seconds LON	GITUDE: <u>-89</u> degrees <u>38</u>	_ minutes 29.3 seconds
	STREAM FOR STORM WATER LEA	AVING THE SITE: Barrow (Creek
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?			YES NO
	ED FOR THE RECEIVING STREAM	1 SEGMENT?	YES NO
HAO A TAIDE BEEN ESTREET			
STORM	WATER POLLUTION PRE	VENTION PLAN (SWP	PP)
1. IS A COPY OF THE SWPPP AT	THE PERMITTED SITE?		✓ YES NO
	AND EFFECTIVE IN CONTROLLING	STORM WATER POLLUTAN	rs? ✓ YES □ NO
IF NO, PLEASE ATTACH REQ	UIRED SWPPP AMENDMENTS (see I	nstructions on front page).	
system designed to assure that qualification or persons who manage the systhe best of my knowledge and belief, to information, including the possibility. I further certify that I understand who	s document and all attachments were project personnel properly gathered and evaluatem, or those persons directly responsible rue, accurate and complete. I am aware of fine and imprisonment for knowing voten coverage is terminated the facility is permit. I understand that discharging p	uated the information submitted ile for gathering the information. that there are significant penalt iolations. no longer authorized to discharg	the information submitted is, ies for submitting false
waters of the state without NPDES co	verage is in violation of state law.		
flow De in an		June 7, 2016	
Signature		Date	
		D	
Stephen Kinsland, Sr. Printed Name ¹		President Title	
This form shall be signed according For a corporation, by a responsib For a partnership, by a general pr For a sole proprietorship, by the	artner.		icial.
After signing please mail to:	ter signing please mail to: Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225		

FINGER LYNES ENGINEERING, LLC

P O Box 150938 Nashville TN 37215-0938 615.948.7647 PFLynes@FingerLynes.com

VIA EMAIL

March 30,2016

Becky Nester Chief, Metals and Metals Manufacturing Branch Environmental Permits Division Mississippi Department of Environmental Quality Post Office Box 2261 Jackson, MS 39225

RE: Griffin, Inc.

6562 Highway 178 West

Byhalia, Marshall County, Mississippi 38611

Baseline Reoverage Form

Coverage Number MSR000337

Dear Ms. Nester:

Attached is the Baseline Recoverage Form for Griffin, Inc. I will submit the hard copy by mail.

If you have any questions, please contact me at 615-948-7647, or pflynes@fingerlynes.com.

Respectfully submitted,

Paul Finger Lynes

Paul Finger Lynes, PE, CHMM

Cc: Stephen Kinsland, Sr., Griffin

Garet Ford, Griffin

Enclosure



Griffin Recoverage Form - Cover Number MSR000337

Paul Lynes to: Becky Nester

Cc: Steve Kinsland, Garet Ford, Kendall Bobbitt, Greg McKay

06/08/2016 01:55 PM

1 attachment



Griffin Baseline Recoverage Form Signed 6-7-16.pdf

Ms. Nester:

Attached is the Recoverage form for Griffin Inc., Byhalia, Marshall County, MS. The hard copy will be send to you.

If you have any questions, please contact me.

Respectfully submitted,

Paul Lynes

Paul Finger Lynes, PE, CHMM Finger Lynes Engineering, LLC 615-948-7647 PFLynes@FingerLynes.com