

AI #9895

John H.

MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

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JUL 29 2016

MDEQ

# BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
BASELINE GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 0218

## 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: Fred Snow + Public Work Director  
 COMPANY NAME: City of Newton  
 STREET OR P.O. BOX: P.O. 300  
 CITY: Newton STATE: MS ZIP: 39345  
 PHONE NUMBER (601) 282-0821 EMAIL: fsnow@ci.newton.ms.us

# FACILITY INFORMATION

FACILITY NAME: James H. Eason Airport  
 CONTACT NAME & POSITION: Fred Snow + Public Work Director  
 CONTACT PHONE NUMBER 601 282-0821 EMAIL: FSnow@ci.newton.ms.us  
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

PHYSICAL SITE ADDRESS: STREET: 232 O'Keefe Road  
 CITY: Newton COUNTY: Newton ZIP: 39345

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 18 minutes 52 seconds LONGITUDE: 89 degrees 08 minutes 12 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Tarlow Creek

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.

Fred Snow  
 Signature

July 28, 2016  
 Date

Fred Snow  
 Printed Name

Public Work Director  
 Title

<sup>1</sup>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

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 Revision: 11/10/  
 Dept. of Environmental Quality



If you would like to be listed on the MDEQ's LIST OF CERTIFICATED/LICENSED WASTEWATER OPERATORS, which will be posted online, then please provide the following information and complete the signature portion of the form below. Please list only the information that you would like to have included on The LIST OF MDEQ's online CERTIFICATED/LICENSED WASTEWATER OPERATORS:  
This is a Volunteer Submission only.

Please print legibly:

Last Name Snow

First Name Fred

Business Name City of Newton

Business Address P.O. Box 300

County Newton

Business Telephone 601-683-2870

Cell Phone \_\_\_\_\_

Certification Class: II

Email address: FSN @ CI, Newton MS, US

I request that the above information be listed on **MDEQ'S LIST OF CERTIFICATED/LICENSED WASTEWATER OPERATORS**, which will be posted on MDEQ's Website and will be available to the Public upon request.

Fred Snow  
Typed/Printed Name of Wastewater Operator

Fred Snow  
Signature of Wastewater Operator