

AI # 8587

Harry



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# LARGE CONSTRUCTION GENERAL PERMIT

## RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
LARGE CONSTRUCTION STORM WATER GENERAL PERMIT MSR10  
GENERAL NPDES COVERAGE NO. MSR10 6 9 1 1

FOR  
LARGE CO

### INSTRUCTIONS

Required to receive coverage under the reissued Large Construction General Permit. This form must be returned to the address printed at the bottom of the back page of this form within 30 days of the date of issuance for Re-Coverage.

Must be the owner or operator (prime contractor) who is the current coverage recipient (rather than an environmental consultant).

Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or if it addresses storm water pollutants. SWPPP amendments with the sole intent of incorporating new storm water pollutants must be submitted to MDEQ for review and/or approval.

If final stabilization has been achieved, please request termination of coverage by completing and submitting a Request for Termination (RFT) Form found in the Large Construction Forms Package. Projects that continue to discharge storm water without applicable permit coverage are in violation of state law.

Submitting a Request for Termination (RFT) Form.

**ALL INFORMATION REQUESTS MUST BE ANSWERED** (Answer "NA" if not applicable).

The submittal of this form is required. This form must be completed and returned to the address printed at the bottom of the Letter of Issuance within 30 days of the date of the Letter of Issuance.

The signatory of this form must be the owner or operator (prime contractor) rather than the project manager or environmental consultant.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) or is ineffective in controlling storm water pollutants. SWPPP amendments with the sole intent of incorporating new storm water pollutants do not need to be submitted to MDEQ for review and/or approval.

If the project is complete and final stabilization has been achieved, please request termination of coverage by completing and submitting a Request for Termination (RFT) Form found in the Large Construction Forms Package. Projects that continue to discharge storm water without applicable permit coverage are in violation of state law.

Do not submit this form if you are not the owner or operator (prime contractor) who is the current coverage recipient.

**ALL INFORMATION REQUESTS MUST BE ANSWERED** (Answer "NA" if not applicable).

### COVERAGE RECIPIENT INFORMATION

Name: Dick Dean, Manager, North America  
Company: Tronox LLC  
Address: 4 Tronox Road  
City: Memphis STATE: MS ZIP: 39746  
Phone: 901-438-8539 E-MAIL: dick.dean@tronox.com

CONTACT NAME & POSITION: \_\_\_\_\_  
COMPANY LEGAL NAME: Tronox LLC  
STREET OR P.O. BOX: 4003  
CITY: Hamilton  
PHONE NUMBER: (662) 397-4388

RECEIVED

MAR 13 2017

**FACILITY SITE INFORMATION**

FACILITY SITE NAME: Tronox Landfill No. 2

CONTACT NAME & POSITION: Jason Minga, SHEQ Manager

CONTACT PHONE NUMBER: (662) 343-2016

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: Old Nursery Road

CITY: Hamilton COUNTY: Monroe ZIP: 39746

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:

LATITUDE: 33 degrees 45 minutes 03 seconds      LONGITUDE: -88 degrees 27 minutes 48 seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance/Start Point) or Map Interpolation): NAD83

TOTAL ACREAGE DISTURBED: 55      ESTIMATED CONSTRUCTION PROJECT END DATE: 2023-12-31  
YYYY-MM-DD

**STORM WATER POLLUTION PREVENTION PLAN (SWPPP)**

THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERY.

- IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?       YES       NO
- DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?       YES       NO
- IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES ONLY FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))?       YES or N.A.       NO
- DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT?       YES       NO
- DOES THE SWPPP REQUIRE VEGETATIVE PRACTICES TO BE INITIATED IMMEDIATELY WHEN A DISTURBED AREA WILL BE LEFT FOR 14 DAYS (ACT5, T-4 (1)), INSTEAD OF 7 DAYS AS REQUIRED BY THE PREVIOUS PERMIT?       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 fines and imprisonment for knowing violations.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to discharge storm water associated with construction activity under this general permit. I understand that discharging pollutants associated with construction activity to waters of the State without proper permit coverage is in violation of state law.

I am aware of the significant changes in the renewed Large Construction Storm Water General Permit and certify the SWPPP for this project has been modified to incorporate these changes.

Signature<sup>1</sup> \_\_\_\_\_  
 Dick Dean  
 Printed Name<sup>1</sup> \_\_\_\_\_

3/7/2017  
 Date Signed \_\_\_\_\_  
 Manager, North America  
 Title \_\_\_\_\_

<sup>1</sup>This application for re-coverage shall be signed according to ACT11, T-7 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

CM# 7016-1370-0000-6772-0623