



## **BASELINE** STORM WATER GENERAL PERMIT RE-COVERAGE FORM

The submittal of this form is required to continue coverage under Mississippi's Reissued Baseline Storm Water General Permit MSR00

COVERAGE NUMBER: MSR00 1 3 4. This coverage number must be completed for your specific project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of the Certificate of Coverage and at the top right corner of the Letter of Instruction for Re-Coverage.

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 30 days of the date of the Letter of Instruction for Re-Coverage.		
Amendments are required to be attached to this form if the Storm Water Pollution Prevention Plan (SWPPP) is not current or is ineffective in controlling storm water pollutants.		
The applicant must be the owner or operator (legal entity that controls the facility's operation, rather than		

The applicant must be the owner or operator (legal entity that controls the facility's operation, rather the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance.

Do not submit this form if submitting a "No Exposure Certification".

Do not submit this form if submitting a "Request for Termination" (RFT).

The Certificate of Coverage should be mailed to: wner/operator	
OWNER OPERATOR INFORMATION (PLEASE CH	
CONTACT NAME & POSITION: Rodney ERVIN President	
STREET OR P.O. BOX: 70 OID Settlement ROAD	
PHONE NUMBER (INCLUDE AREA CODE): (601) 876-0057	ZIP: 39667
PHONE NUMBER (INCLUDE AREA CODE): (QUI) 874-003 7	

	FACILITY INFORMATION
FACILITY NAME: Windn	vill PallET WORKS Inc.
CONTACT NAME & POSITION:	CLINT HARVEY ENVIRONMENTAL
CONTACT PHONE NUMBER (INCLU	UDE AREA CODE): (601) 876-2427
PRIMARY STANDARD INDUSTRIA	AL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2448 PALLET A	AFG.
PHYSICAL SITE ADDRESS (IF NO	T AVAILABLE INDICATE NEAREST NAMED ROAD):
STREET: 224 VINC	e TOWN RD
CITY: SANDY HOOK CO	OUNTY: WALTHALL ZIP: 39478
NEAREST NAMED WATERBODY	THAT THE STORM WATER LEAVING THE SITE WILL ENTER:
Carnigie (	Creek
	market and the second s
STORM V	WATER POLLUTION PREVENTION PLAN (SWPPP)
IS A COPY OF THE SWPPP AT TO	HE PERMITTED SITE? YES NO
2. IS THE SWPPP UP-TO-DATE AND IF NO, PLEASE ATTACH REQUIRE	D EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? YES NO RED SWPPP AMENDMENTS.
supervision in accordance with a state information submitted. Based directly responsible for gathering belief, true, accurate and complete	this document and all attachments were prepared under my direction or system designed to assure that qualified personnel properly gathered and evaluated on my inquiry of the person or persons who manage the system, or those persons the information, the information submitted is, to the best of my knowledge and e. I am aware that there are significant penalties for submitting false information when coverage is terminated the facility is no longer authorized to discharge
storm water associated with indus	trial activity under this general permit. I understand that discharging pollutants lustrial activity to waters of the state without NPDES coverage is in violation of
D1 5.	11/2/14
Signature Signature	Date Date
Podra Farin	Parilin
Printed Name <sup>1</sup>	Title Title
<ul> <li>For a corporation, by a responsible corporation.</li> <li>For a partnership, by a general partnership, by the proprietorship, by the proprietorship.</li> </ul>	e General Permit, ACT13, T-4, page 26, as follows: rporate officer. r.
After signing please mail to:	Environmental Permits Division
	Office of Pollution Control P.O. Box 10385
	Jackson, MS 39289-0385