AI#913

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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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: MSR 11 0 0 5 5. **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 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).

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: ☐ **owner/operator** ☒ **facility (please check one)**

☒ **OWNER** ☒ **OPERATOR INFORMATION (PLEASE CHECK ONE OR BOTH)**

CONTACT NAME & POSITION: WAYNE STRINGER, PLANT MANAGER

COMPANY NAME: GEORGIA-PACIFIC CORPORATION, TAYLORSVILLE PLYWOOD

STREET OR P.O. BOX: P.O. BOX 555, HWY 28 WEST

CITY: TAYLORSVILLE **STATE:** MISSISSIPPI **ZIP:** 39168

PHONE NUMBER (INCLUDE AREA CODE): 601-785-4721

FACILITY INFORMATION

FACILITY NAME: GEORGIA-PACIFIC CORPORATION, TAYLORSVILLE PLYWOOD

CONTACT NAME & POSITION: CHRISTOPHER E. HOPF, COMPLEX ENVIRONMETAL COORDINATOR

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-785-4721

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

2436 PLYWOOD

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

STREET: HWY 28 WEST

CITY: TAYLORSVILLE **COUNTY:** SMITH **ZIP:** 39168

NEAREST NAMED WATERBODY THAT THE STORM WATER LEAVING THE SITE WILL ENTER:

LYONS CREEK- TRIBUTARY

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. **IS A COPY OF THE SWPPP AT THE PERMITTED SITE?** [X] **YES** [ ] **NO**

2. **IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS?** [X] **YES** [ ] **NO**
   IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS.

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.

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.

Wayne Stringer
Signature[1]

11-15-05
Date

WAYNE STRINGER
Printed Name[1]

PLANT MANAGER
Title

[1]**This form shall be signed according to the General Permit, ACT13, T-4, page 26, 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:

Environmental Permits Division
Office of Pollution Control
P.O. Box 10385
Jackson, MS 39289-0385