



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 _0 _2 _4 _8 __. 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 C	overage should	d be mailed to:	₩ owner/ope	erator facility (please check one
☑ OWNE	R OPERA	TOR INFO	RMATION (PL	EASE CHECK ONE OR BOTH)
CONTACT NAME & POS	ITION: H. R	ANDALL GEORG	E	
COMPANY NAME:	CITY OF FO	REST		The state of the s
STREET OR P.O. BOX: _		7.		
CITY:	FOREST	STATE:	MS	ZIP: 39074

FACILITY INFORMATION

FACILITY NAME: G. V. MONTG	OMERY AIRPORT	
CONTACT NAME & POSITION:	. RANDALL GEORGE, PUBLIC WORKS	DIRECTOR
	E AREA CODE): 601-469-2921	
PRIMARY STANDARD INDUSTRIAL	CLASSIFICATION (SIC) CODE & DESCR	IPTION OF INDUSTRIAL ACTIVITY:
4 5 8 1 AIRPORT		
PHYSICAL SITE ADDRESS (IF NOT A STREET: 845 AIRPORT RD	VAILABLE INDICATE NEAREST NAME	O ROAD):
CITY: FOREST COU		ZIP: 39074
	AT THE STORM WATER LEAVING THE	SITE WILL ENTER:
STORM WA	TER POLLUTION PREVENTION	N PLAN (SWPPP)
IS A COPY OF THE SWPPP AT THE	PERMITTED SITE? X YES NO	
2. IS THE SWPPP UP-TO-DATE AND E IF NO, PLEASE ATTACH REQUIRE	FFECTIVE IN CONTROLLING STORM WA D SWPPP AMENDMENTS.	TER POLLUTANTS? X YES NO
supervision in accordance with a sys the information submitted. Based or directly responsible for gathering the belief, true, accurate and complete. I further certify that I understand w	n my inquiry of the person or persons or e information, the information submitt I am aware that there are significant p then coverage is terminated the facility	ersonnel properly gathered and evaluated who manage the system, or those persons ed is, to the best of my knowledge and enalties for submitting false information. is no longer authorized to discharge
		understand that discharging pollutants out NPDES coverage is in violation of
Signature Many W. Ch	ambers Date	
Printed Name ¹	hambers	Mayor
 For a corporation, by a responsible corpo For a partnership, by a general partner. 	or. ility, by principal executive officer, mayor, or r	TECHNOTICIAL
After signing please mail to:	Environmental Permits Division Office of Pollution Control P.O. Box 10385 Jackson, MS 39289-0385	SE CONTROL OF THE PROPERTY OF