



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 o 3 9 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: www.operator	facility (please check one)
☑ OWNER □ OPERATOR INFORMATION (PLEASE C	HECK ONE OR BOTH)
CONTACT NAME & POSITION: MICHAEL R. HARVEY	and adjust pallerance benefit on Radio an
COMPANY NAME: MISSISSIPPI POWER COMPANY	manufacture of administration
TREET OR P.O. BOX: P.O. BOX 4079	
CITY: 6ULF PORT STATE: MS	ZIP: 39502 - 4079
PHONE NUMBER (INCLUDE AREA CODE): 228 - 865 - 5020	

FACILITY INFORMATION

FACILITY NAME: DANIEL	ELECTRIC GENERATING ILANT
CONTACT NAME & POSITION: _	MICHAEL HARVEY
CONTACT PHONE NUMBER (INCLU	DE AREA CODE): 228 - 865 - 5020
PRIMARY STANDARD INDUSTRIA	AL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
4911 ELECTRIC	SERVICES
PHYSICAL SITE ADDRESS (IF NO	T AVAILABLE INDICATE NEAREST NAMED ROAD):
STREET: HIGHWAY 63	THE PARTICULAR CONTRACTOR OF THE PARTICULAR C
CITY: ESCATAWAA CO	
NEAREST NAMED WATERBODY T	THAT THE STORM WATER LEAVING THE SITE WILL ENTER:
CLARY BAYOU	The solution of the form is repended as being a solution of the facilities of the fa
STORM V	VATER POLLUTION PREVENTION PLAN (SWPPP)
1. IS A COPY OF THE SWPPP AT TI	HE PERMITTED SITE? YES NO
 IS THE SWPPP UP-TO-DATE AND IF NO, PLEASE ATTACH REQUIRED. 	DEFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? YES NO RED SWPPP AMENDMENTS.
supervision in accordance with a st the information submitted. Based directly responsible for gathering belief, true, accurate and complete I further certify that I understand storm water associated with indus-	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 a manage that there are significant penalties for submitting false information. When coverage is terminated the facility is no longer authorized to discharge trial activity under this general permit. I understand that discharging pollutants sustrial activity to waters of the state without NPDES coverage is in violation of
Signature ¹	Date
CRR	w (1101.
Printed Name ¹	Title
 For a corporation, by a responsible cor For a partnership, by a general partner For a sole proprietorship, by the proprietorship 	TULK BERT STEEL FOR THE STEEL STREET
After signing please mail to:	Environmental Permits Division Office of Pollution Control

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Jackson, MS 39289-0385