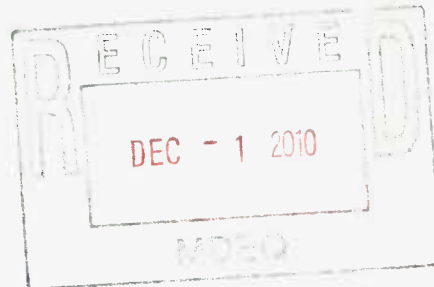


AS #317



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY



Thomas

BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 0208

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.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. The visual assessment and training sections of your SWPPP will probably need to be updated to adhere to permit requirements (see ACT8, S-1 and ACT12, S-1 and S-2). These updates do NOT need to be submitted to MDEQ.

If the facility is out of business or no longer a regulated facility, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Baseline Forms Package. Facilities that continue to discharge wastewater without applicable permit coverage are in violation of state law.

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

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

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

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

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Travis Waco Epperson, Board Chairman

COMPANY NAME: Corinth-Alcorn Co. Airport

STREET OR P.O. BOX: 56 CR 613

CITY: Corinth

STATE: MS

ZIP: 38834

PHONE NUMBER (INCLUDE AREA CODE): 662-603-3926

FACILITY INFORMATION

FACILITY NAME: Corinth-Alcorn Co. Airport

CONTACT NAME & POSITION: Donna Briggs, Operations Supervisor

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-287-3223

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
45 81 Airports, flying fields + terminal services

PHYSICAL SITE ADDRESS: STREET: 56 CR 613

CITY: Corinth COUNTY: ALCORN ZIP: 38834

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: N 34 degrees 54 minutes 54 seconds LONGITUDE: W 88 degrees 36 minutes 13 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Eastes Creek

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☐ YES ☒ NO

IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ☒ NO

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? ☒ YES ☐ NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? ☒ YES ☐ NO
 IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).

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 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.

Travis W. Epperson
 Signature

11/29/10
 Date

Travis W. Epperson
 Printed Name¹

Board Chairman
 Title

¹This form shall be signed according to ACT14, T-9 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



**CORINTH-ALCORN COUNTY
AIRPORT**

56 CR 613
Corinth, Mississippi 38834

(662) 287-3223



November 24, 2010

Thomas Kelly, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Dear Mr. Kelly:

Re: Corinth-Alcorn County Airport Application No. MSR000208

Due to errors and omissions on our Re-coverage Form submitted October 29, 2010, please accept this new Re-coverage Form.

The inadvertently omitted items that we spoke about have been included, and the spelling of the receiving stream has been corrected.

Also, I regret to inform you that Mr. Leroy Hopkins passed away in October 2008. The new Airport Board Chairman is Mr. Travis 'Waco' Epperson.

Thank You for your help in this matter.

Respectfully,

Donna Briggs
Operations Supervisor

RECEIVED

DEC - 1 2010

Dept of Environmental Quality
Office of Pollution Control