

AID #2639

Bryan

MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

## BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
BASELINE GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 1 3 0 9

### 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: Jeff Sexten, Mgr of Environmental Compliance

COMPANY NAME: Con-way Freight Inc.

STREET OR P.O. BOX: 2211 Old Earhart Rd Suite 100

CITY: Ann Arbor

STATE: MI

ZIP: 48105

PHONE NUMBER (INCLUDE AREA CODE): 734-757-1657

## FACILITY INFORMATION

FACILITY NAME: Con-way Freight - LJSCONTACT NAME & POSITION: Dustin DavisCONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-936-6111

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

4231 Freight trucking terminals, with or without maintenancePHYSICAL SITE ADDRESS: STREET: 100 Conway PlaceCITY: RichlandCOUNTY: RankinZIP: 39218

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 14 minutes 48 secondsLONGITUDE: 90 degrees 9 minutes 14 secondsNEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Conway Slough

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.

Signature

1-10-2011

Date

Jeff Sexten

Printed Name

Mgr of Environmental Compliance

Title

<sup>1</sup>This 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



**Rick Trott**  
Vice President of Admin Services

June 1, 2009

To Whom It May Concern:

Jeff Sexten is authorized to sign on behalf of Con-Way for environmental documents due to his extensive knowledge of and experience in the field. These documents include but are not limited to:

- LUST Forms
- Reimbursement Request Forms
- Remediation Reports
- Annual Reports
- Permits

Below is Jeff's signature and contact information for your use.

Thank you,

A handwritten signature in black ink, appearing to read "Rick Trott".

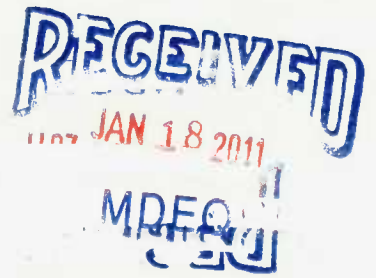
Rick Trott  
Vice President of Admin Services

A handwritten signature in black ink, appearing to read "Jeff Sexten".

Jeff Sexten  
Manager of Environmental Compliance  
Con-way Freight  
2211 Old Earhart Road  
Ann Arbor, MI 48105  
Phone: (734) 757-1657  
Fax: (734) 757-1341  
[sexten.jeff@con-way.com](mailto:sexten.jeff@con-way.com)



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY



# BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
BASELINE GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 1 3 0 9

## 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: Jeff Sexten, Mgr of Environmental Compliance

COMPANY NAME: Con-way Freight Inc.

STREET OR P.O. BOX: 2211 Old Earhart Rd Suite 100

CITY: Ann Arbor

STATE: MI

ZIP: 48105

PHONE NUMBER (INCLUDE AREA CODE): 734-757-1657



## FACILITY INFORMATION

FACILITY NAME: Con-way Freight - LJS

CONTACT NAME & POSITION: Dustin Davis

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-936-6111

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

4231 Freight trucking terminals, with or without maintenance

PHYSICAL SITE ADDRESS: STREET: 100 Conway Place

CITY: Richland COUNTY: Rankin ZIP: 39218

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 14 minutes 48 seconds LONGITUDE: 90 degrees 9 minutes 14 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Conway Slough

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.

Signature

1-10-2011

Date

Jeff Sexten

Printed Name

Mgr of Environmental Compliance

Title

<sup>1</sup>This 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



**Rick Trott**  
Vice President of Admin Services

June 1, 2009

To Whom It May Concern:

Jeff Sexten is authorized to sign on behalf of Con-Way for environmental documents due to his extensive knowledge of and experience in the field. These documents include but are not limited to:

- LUST Forms
- Reimbursement Request Forms
- Remediation Reports
- Annual Reports
- Permits

Below is Jeff's signature and contact information for your use.

Thank you,

A handwritten signature in black ink, appearing to read "Rick Trott", with a long horizontal flourish extending to the right.

Rick Trott  
Vice President of Admin Services

A handwritten signature in blue ink, appearing to read "Jeff Sexten", with a long horizontal flourish extending to the right.

Jeff Sexten  
Manager of Environmental Compliance  
Con-way Freight  
2211 Old Earhart Road  
Ann Arbor, MI 48105  
Phone: (734) 757-1657  
Fax: (734) 757-1341  
[sexten.jeff@con-way.com](mailto:sexten.jeff@con-way.com)