

AI # 155

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MAR 04 2011
MDEQ
michelle



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 8 7 4

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: David Myhan - Market Area Vice President

COMPANY NAME: Waste Management of Mississippi, Inc.

STREET OR P.O. BOX: 1450 Country Club Drive

CITY: Jackson STATE: Mississippi ZIP: 39209

PHONE NUMBER (INCLUDE AREA CODE): 601-923-5515

FACILITY INFORMATION

FACILITY NAME: Waste Management of Mississippi - Natchez Hauling

CONTACT NAME & POSITION: Andy Yates - District Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-446-9538

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

4 2 1 2 Local Trucking Without Storage

PHYSICAL SITE ADDRESS: STREET: 35 Shieldsboro Road

CITY: Sibley COUNTY: Adams ZIP: 39165

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 degrees 21 minutes 26 seconds LONGITUDE: 91 degrees 23 minutes 43 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Mills Bayou

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

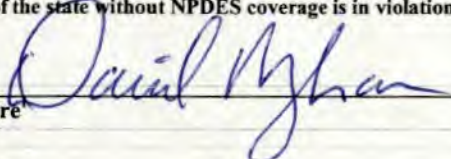
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS?
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).

☒ YES ☐ NO

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



Date

3-1-11

David Myhan

Printed Name¹

Market Area Vice President

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



WASTE MANAGEMENT
1000 Russell Sage Road
Monroe, La. 71213
318-343-5636

RECEIVED

MAR - 3 2011

Dept of Environmental Quality

March 3, 2011

Mr. Jim Morris, Chief
Mississippi Department of Environmental Quality
Environmental Permits Division
General Permits Branch
515 Amite Street
Jackson, MS 39225

Re: Baseline Storm Water General Permit Re-Coverage Form
Waste Management – Natchez Hauling
Adams County
Permit No. MSR001874

Dear Mr. Morris,

Waste Management of Mississippi, Inc. is submitting this correspondence in response to your letter dated February 28, 2011, which stated that the above referenced facility did not submit the Baseline Stormwater Re-coverage Form by the November 7, 2010 deadline.

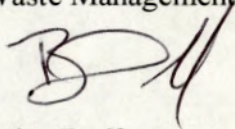
Please note that the facility did submit the required Re-coverage forms by the required deadline. The Department received the Baseline Storm Water General Permit Re-Coverage Form for the above referenced facility on October 26, 2010. A copy of the October 26, 2010 submittal is included in Attachment 2.

After further review of the above referenced form, it was discovered that the incorrect Coverage/Permit number was entered on the form for this facility. The coverage number on the form (MSR000614) was for the old Waste Management facility located in Natchez, MS. Coverage for NPDES MSR000614 was terminated in 2009 after the property was vacated and operations were relocated to the current location in Sibley, MS. MSR001874 is the correct coverage number for the Waste Management – Natchez Hauling operation in Sibley, MS.

Please find attached the Revised Baseline Storm Water General Permit Re-Coverage Form for the above referenced facility in Attachment 1. This revised form includes the correct NPDES coverage number for Waste Management of Mississippi – Natchez Hauling.

Should you have any questions or require additional information, please contact me at (318) 331-0502.

Sincerely,
Waste Management of Mississippi, Inc.

A handwritten signature in black ink, appearing to read 'BD', is written over the printed name of Brian Duff.

Brian Duff
Environmental Manager

Attachments

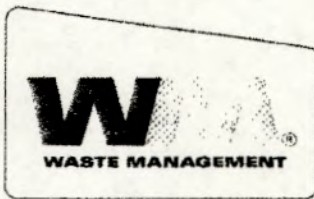
Cc: File

Attachment 1

Revised Baseline Storm Water General Permit Re-Coverage Form

Attachment 2

October 26, 2010 Baseline Storm Water General Permit Re-Coverage Form



WASTE MANAGEMENT
1000 Russell Sage Road
Monroe, La. 71213
318-343-5636

RECEIVED

OCT 26 2010

Dept. of Environmental Quality

October 26, 2010

Chief, Environmental Permits Division,
Mississippi Department of Environmental Quality, Office of Pollution Control
515 Amite Street
Jackson, MS 39225

Re: Baseline Storm Water General Permit Re-Coverage Form
Waste Management - Natchez Hauling
35 Shieldsboro Road
Sibley, MS 39165

Enclosed please find the attached Baseline Storm Water General Permit Re-Coverage Form for the above referenced facility. Should you have any questions or comments, please contact me at (318) 331-0502.

Sincerely,
Waste Management of Mississippi, Inc.

Brian Duff
Environmental Manager

Encl.

Cc: File



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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.

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Signature

David Myhan

Date

10-26-10

David Myhan
Printed Name¹

Market Area Vice President
Title

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