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Dept of Environmental Quality
Office of Pollution Control

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 1154

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: Annette M. Clark

COMPANY NAME: Mississippi Laminators

STREET OR P.O. BOX: Box 405

CITY: Shubuta STATE: Miss. ZIP: 39360

PHONE NUMBER (INCLUDE AREA CODE): 601-687-1571

FACILITY INFORMATION

FACILITY NAME: Mississippi Lumerator

CONTACT NAME & POSITION: Annette M. Clark

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-687-1571

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

2439

PHYSICAL SITE ADDRESS: STREET: 1151 C.R. 210

CITY: Shubuta COUNTY: Clarke ZIP: 39360

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31° degrees 51 minutes 42.2 seconds LONGITUDE: 88 degrees 43 minutes 111 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Chickasawhay River

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.

Annette M. Clark
Signature[1]

3/21/11
Date

ANNETTE M. CLARK
Printed Name[1]

President
Title

[1]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

Revision: 09/30/10

BASELINE STORM WATER GENERAL PERMIT
COVERAGE NUMBER (MSR00 _ _ _ _)
ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPPP EVALUATION REPORT
(FOR INDUSTRIAL STORM WATER ACTIVITY)

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Results of the inspections required by ACT8 of this permit shall be recorded on this report form and submitted annually (postmarked no later than the 28th day of January for the preceding calendar year). Copies of all completed forms shall be retained with the SWPPP. Inspections must be performed monthly. The last submittal of the Annual Site Inspection and SWPPP Evaluation Report Form (due no later than January 28, 2015), shall be deemed to be a notification that the coverage recipient intends to seek coverage under a reissued Baseline Storm Water General Permit. Procedures for obtaining recoverage are outlined in the general permit. The coverage number must be listed at the top of all Site Inspection Report Forms.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: Mississippi Lamination FACILITY NAME:

PHYSICAL SITE ADDRESS: 1151 C.R. 210

CITY: Shubuta COUNTY: Clarke

CONTACT PERSON: Charles Clark CONTACT PHONE NUMBER: 601-687-1571

MAILING ADDRESS: Box 405 CITY: Shubuta STATE: Miss. ZIP: 39360

INSPECTION DOCUMENTATION

DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	ANY DEFICIENCIES? Yes	ANY DEFICIENCIES? No	IF YES, WERE CORRECTIVE ACTIONS TAKEN? Yes	IF YES, WERE CORRECTIVE ACTIONS TAKEN? No	INSPECTOR(S)

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary):

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary):

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the BNOI and SWPPP information on file with MDEQ is up to date.

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.

Charles Clark
Authorized Signature

3-26-11
Date

Charles Clark
Printed Name

Plant Supervisor
Title

Please submit this form to:

Chief, Environmental Compliance and Enforcement Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 09/30/10

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