AT# 12132



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APR 2 2 2011

Dept 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 0 1 3 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 st	nould be mailed to: 🗸 owner/operator	facility (please check one)
	COVERAGE RECIPIENT INFORMA	TION
CONTACT NAME & POSITION: Edd	die Partridge, EHS Manager	
COMPANY NAME: Structural Stee	el Services, Inc.	
STREET OR P.O. BOX: 6210 St. Lo	ouis Street	
CITY: Meridian	STATE: Mississippi	ZIP: 39302

FACILITY INFORMATION

FACILITY NAME: Plant 1 & 2				
CONTACT NAME & POSITION:	Eddie Partridge, EHS Mar	ager	-	
CONTACT PHONE NUMBER (INC	LUDE AREA CODE): <u>601-483</u>	3-5381		-
PRIMARY STANDARD INDUSTR	RIAL CLASSIFICATION (SIC)	CODE & DESCRIPTION OF INDUST	RIAL ACTIV	ITY:
3 4 4 1 Fabricated Stru	ctural Metal			
PHYSICAL SITE ADDRESS:	STREET: 6210 St.	Louis Street		
CITY: Meridian	COUNTY: Lauderdale		ZIP: 39302	
PROVIDE THE COORDINATES	OF THE PLANT ENTRANCE:			
LATITUDE: 32 degrees 19	ninutes 32 seconds	LONGITUDE: 88 degrees 44 n	ninutes 27	seconds
NEAREST NAMED RECEIVING	STREAM FOR STORM WATE	R LEAVING THE SITE: Sowashee		
IS RECEIVING STREAM ON M	DEQ's 303(d) LIST?		✓ YES	NO
IF YES, HAS A TMDL BEEN E	STABLISHED FOR THE REC	EIVING STREAM SEGMENT?	YES	✓ NO
STORM	1 WATER POLLUTION	PREVENTION PLAN (SWPPI	2)	
			✓ YES	□NO
1. IS A COPY OF THE SWPPP A		LING STADM WATER DALL UTANTO		NO
2. IS THE SWPPP UP-TO-DATE A IF NO, PLEASE ATTACH REQ	UIRED SWPPP AMENDMENTS	LING STORM WATER POLLUTANTS: 5 (see Instructions on front page).	A LES	
system designed to assure that qualification or persons who manage the systhe best of my knowledge and belief, information, including the possibility. I further certify that I understand when the system is the system of the sy	ed personnel properly gathered as stem, or those persons directly res crue, accurate and complete. I am of fines and imprisonment for kno- ten coverage is terminated the faci permit. I understand that dischar verage is in violation of state law.	ere prepared under my direction or super nd evaluated the information submitted. Exponsible for gathering the information, the aware that there are significant penalties owing violations. lity is no longer authorized to discharge staging pollutants in storm water associated with the property of the p	Based on my in e information for submitting orm water asso	quiry of the submitted is, to false ociated with
Eddie Partridge		EUC Managar		
Printed Name ¹		EHS Manager Title		
¹ This form shall be signed according a For a corporation, by a responsible For a partnership, by a general partnership, by a general partnership, by the partnership, by the partnership, by the partnership, by the partnership and partnership.	e corporate officer. urtner. proprietor.	nit, as follows: e officer, mayor, or ranking elected official	•	
After signing please mail to:	Chief, Environmental Permits I MS Department of Environmer P.O. Box 2261 Jackson, Mississippi 39225	Division, etal Quality, Office of Pollution Control		



April 21, 2011

Jim Morris, Branch Chief General Permits Division MS Department of Environmental Quality Post Office Box 2261 Jackson, Mississippi 39225-2261

Re: Structural Steel Services, Inc.

Plant 1 & 2, MSR000134 and MSR000135

Stormwater Recoverage Forms

Dear Mr. Morris:

Please find attached the recoverage forms for Structural Steel Services, Inc. (Structural Steel) Plants 1 & 2, 3, and 6. Plants 1 & 2 are grouped together as it relates to stormwater coverage. These two plants are separated by a road, but otherwise have similar operations with one owner under one operation. However, it appears that there are two separate recoverage numbers, MSR000134 and MSR000135. On the MDEQ website both of these numbers are shown as coverage for Plants 1 & 2 together.

On behalf of Structural Steel, I would like to request that only MSR000134 be used as coverage for Plants 1 & 2. In the attached recoverage forms MSR000134 has been signed by Eddie Partridge of Structural Steel. If it is necessary for MSR000135 to also be signed and sent in to obtain full recoverage then let us know and that will be completed, too.

If there are any questions about this submittal please contact Eddie Partridge, Environmental & Safety Manager at (601) 483-5381 or me at (601) 693-3916.

Sincerely,

Andrew S. Covington, P.E.

Andrew S. Covingto

Senior Engineer Eco-Systems, Inc.

cc: Eddie Partridge, Structural Steel Services, Inc.