AI #64341

Becky

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DEC 23 2015
Dept. of Environmental Quality

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 2 1 5 0

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 45 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 (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be ineffective in controlling storm water pollutants.

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 FORM BLANKS 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: Ronald Parker

COMPANY NAME: Land Shaper Inc.

STREET OR P.O. BOX: 10217 Three Rivers Road

CITY: Gulfport **STATE:** MS **ZIP:** 39503

PHONE NUMBER (228) 863-8996 **EMAIL:** rtp06766@aol.com

FACILITY INFORMATION

FACILITY NAME: Land Shaper Inc. Main Facility

CONTACT NAME & POSITION: Ronald Parker

CONTACT PHONE NUMBER (228) 863-56996 **EMAIL:** rtp06766@aol.com

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

3 5 3 1 Metal and Metal Fabricators

PHYSICAL SITE ADDRESS: **STREET:** 10217 Three Rivers Road

CITY: Gulfport **COUNTY:** Harrison **ZIP:** 39503

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 **degrees** 26 **minutes** 0.85 **seconds** **LONGITUDE:** 89 **degrees** 05 **minutes** 14.1 **seconds**

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

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

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 fine 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.

Ronald Parker
Signature[1]

12/21/2015
Date

Ronald Parker
Printed Name[1]

Vice-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

Land Shaper, Incorporated

P.O. Box 995 •39502
10217 Three Rivers Road • 39503
Gulfport, Mississippi
Phone (228) 863-8996 • Fax (228) 868-8878

December 21, 2015

Certified Mail Number: 7010 1870 0002 2215 7593

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

Re: **Land Shaper Inc., Main Facility**
Baseline Re-Coverage
Ref. No. MSR002150
Metal and Metal Fabricators Branch
Harrison County

Chief:

Land Shaper Inc, hereby submits this Baseline storm water general permit re-coverage form for the above referenced facility. The baseline storm water permit serves all operations on this site.

If you have any questions or need additional information, please contact me or Jay Musgrove (601-818-3558) at your convenience. Thank you for your assistance in this matter.

Sincerely,

Ronald Parker
Vice President

Attachment – Baseline Storm Water General Permit Re-Coverage Form

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mississippi Department of Environmental Quality
Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7010 1870 0002 2215 7593

PS Form 3811, July 2013 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7010 1870 0002 2215 7593

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Mississippi Department of Environmental Quality
Street, Apt. No. or PO Box No. Office of Pollution Control
City, State, ZIP+4 P.O. Box 2261
Jackson, Mississippi 39225-2261

PS Form 3800