AE#1300



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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 7 8 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 m	ailed to: 📝 owner/op	erator facility (please check one)
COVERA	GE RECIPIENT INFO	DRMATION
CONTACT NAME & POSITION: Katherine Sam	ns Russell, Manager & V	ice President
COMPANY NAME: Tri-State Brick, LLC		
STREET OR P.O. BOX: P.O. Box 4567		
CITY: Macon	STATE: GA	ZIP: 31213
PHONE NUMBER (478) 781-6801	EMAIL: kate.sams@cherokeebrick.com	

FACILITY INFORMATION

r · · · · · · · · · · · · · · · · · · ·			
FACILITY NAME: Tri-State Brick Plant			
CONTACT NAME & POSITION: Tim Nixon, Plant & General Manager			
CONTACT PHONE NUMBER (478) 258-7552 EMAIL: tim.nixon@cherokeebrick.com			
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:			
3 2 5 1 Manufacturing Brick & Structural Clay Tile			
PHYSICAL SITE ADDRESS: STREET: 2050 Forest Avenue			
CITY: Jackson	COUNTY: Hinds	ZIP: 39213	
PROVIDE THE COORDINATES	OF THE PLANT ENTRANCE:		
LATITUDE: 32 degrees 22 minutes 15.7 seconds LONGITUDE: -90 degrees 13 minutes 16.7 seconds			
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Unnamed Trib. to Town Creek			
IS RECEIVING STREAM ON M	DEQ's 303(d) LIST?	and unnamed trib. to Hanging Moss Creek YES NO	
HAS A TMDL BEEN ESTABLISH	ED ED FOR THE RECEIVING STREAM SEGM	IENT? 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.			
Keshell Call Signature	rskussell	12/11/15 Date	
Katherine Sams Russell		Manager	
Printed Name		Title	
 For a corporation, by a responsible For a partnership, by a general partnership, by the partnership, by the partnership 	rtner.	, or ranking elected official.	
After signing please mail to:	Chief, Environmental Permits Division,		
	MS Department of Environmental Quality, Of P.O. Box 2261 Jackson, Mississippi 39225	fice of Pollution Control	

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H. LOWRY TRIBBLE, JR., P.E.
WILLIAM F. HODGES, P.E.
W. MICHAEL STUBBS, P.E.
R. BRANT LANE, P.E.
CLINT L. COURSON, CHMM
K. MATTHEW CHEEK, P.E.
DANIEL E. CHEEK, P.E.
KEVIN G. BERRY, P.E.



Consulting Engineers

NATHAN D. DUNN, P.E.
RYAN S. WILLOUGHBY, P.E.
WILLIAM A. GRANICH, P.E.
ROBERT D. HELLER, CHMM
ERIC P. JACKSON, P.E.
DAVID E. BATTSON, P.E.
RYAN S. PFTERS, P.E.
WILLIAM M. RUESE, P.E.

December 18, 2015

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

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Dept. of Environmental Quality

Re: Tri-State Brick, LLC

Baseline Storm Water General Permit Re-Coverage Form

General NPDES Coverage No. MSR000780

HHNT Project No. 1715-024-13

To Whom It May Concern:

Enclosed is a Re-Coverage Form to maintain coverage under the Baseline Storm Water General Permit for the Tri-State Brick, LLC – Tri-State Brick Plant.

Should you have any questions, please call.

Sincerely,

HODGES, HARBIN, NEWBERRY & TRIBBLE, INC.

Clint L. Courson, CHMM Environmental Scientist

CLC/tw

Enclosure

cc: Kate Sams (w/ enclosure)
Kenneth Sams (w/ enclosure)
Mike Peavy (w/ enclosure)
Tim Nixon (w/ enclosure)
Carol Conley (w/ enclosure)