



BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2 0 9 1

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)

COVI	ERAGE RECIPIENT INFORM	ATION
CONTACT NAME & POSITION: Trenton T	ippey, Facility Manager	
COMPANY NAME: Caterpillar		
STREET OR P.O. BOX: 501 Cardinal Driv	e	
CITY: Corinth	STATE: MS	ZIP: 38834
PHONE NUMBER (662) 286-5511	EMAIL: NA	eart a con-