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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 1 3 5 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)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Colonel John J. Nichols, Commander, 14th Flying Training Wing

COMPANY NAME: United States Air Force, Columbus AFB

STREET OR P.O. BOX: 555 Seventh Street, Suite 205

CITY: Columbus AFB STATE: MS ZIP: 39710

PHONE NUMBER (662) 434-1400 EMAIL: john.nichols.2@us.af.mil

FACILITY INFORMATION

FACILITY NAME: Columbus Air Force Base

CONTACT NAME & POSITION: Michael Jago, Environmental Element Chief

CONTACT PHONE NUMBER (662) 434-7974 EMAIL: michael.jago@us.af.mil

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
9 7 1 1 National Security

PHYSICAL SITE ADDRESS: STREET: Highway 45 North

CITY: Columbus COUNTY: Lowndes ZIP: 39710

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: 33 degrees 37 minutes 19.5 seconds LONGITUDE: 88 degrees 26 minutes 8.1 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Stinson, Butahatchee

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

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO

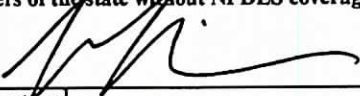
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

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.



 Signature

15 Jan 16

 Date

John J. Nichols, Colonel, USAF

 Printed Name

Commander, 14th Flying Training Wing

 Title

- ¹This 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



**DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 14TH FLYING TRAINING WING
COLUMBUS AIR FORCE BASE MISSISSIPPI**

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JAN 22 2016

Dept. of Environmental Quality

14 January 2016

Colonel John J. Nichols
Commander
14th Flying Training Wing
555 Seventh Street, Suite 205
Columbus AFB MS 39710-1000

Mr. Philip Morris
OPC, Environmental Permitting
Mississippi Department of Environmental Quality
P. O. Box 2261
Jackson MS 39225-2261

Dear Mr. Morris

Columbus AFB is submitting the Re-Coverage Form for the Baseline Storm Water General Permit for Industrial Activities (MSR001351). We understand that this form is required to be submitted within forty-five (45) days of receiving the Letter of Instruction for Re-Coverage. We have reviewed requirements of the reissued permit and will implement all necessary actions for maintaining compliance with State Water Quality Standards. Re-submittal of our Storm Water Pollution Prevention Plan (SWPPP) to meet permit conditions is not required at this time.

Columbus AFB acknowledges that submittals of the Annual Comprehensive Site Inspection and SWPPP Evaluation are no longer required per ACT 8, Condition S-2. However, we will continue to submit required annual sampling results from effluent monitoring of our four (4) designated outfalls per ACT 7, Condition S-1(6).

If you have any questions concerning this Re-Coverage Form, please direct them to Mr. Allen Reed, 14 CES/CEI, at (662) 434-7328 or allen.reed@us.af.mil. Thanks for your support.

Sincerely

JOHN J. NICHOLS, Colonel, USAF
Commander