

AI #10118

John H.



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED  
JUL 29 2016  
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 0205

## 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: Michael Jinks, City Clerk  
COMPANY NAME: City of Brookhaven, Airport  
STREET OR P.O. BOX: 560  
CITY: BROOKHAVEN STATE: MS ZIP: 39602-0560  
PHONE NUMBER (601) 833-2362 EMAIL: JXS3@bbimail.net

**FACILITY INFORMATION**

FACILITY NAME: Brookhaven-Lincoln County Airport

CONTACT NAME & POSITION: STEVE HUEY, MANAGER

CONTACT PHONE NUMBER (601) 833-0999 EMAIL: huey39601@hotmail.com

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

---

PHYSICAL SITE ADDRESS: STREET: 1216 Heucks Retreat Rd, N.E

CITY: BROOKHAVEN COUNTY: LINCOLN ZIP: 39601

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: N 31 degrees 36 minutes 24.8 seconds LONGITUDE: W 90 degrees 24 minutes 37.2 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: UNNAMED TRIBUTARY TO EAST BOQUE CHITTO RIVER

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.

Michael Jinks  
 Signature<sup>1</sup>

Michael Jinks  
 Printed Name<sup>1</sup>

July 27, 2016  
 Date

City Clerk  
 Title

<sup>1</sup>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





old copy

*State of Mississippi  
Department of Environmental Quality  
Office of Pollution Control*

***Certificate of Permit Coverage***

under Mississippi's Baseline Storm Water General NPDES Permit

Be it known

**Brookhaven Lincoln County Airport  
Brookhaven, Mississippi**

having submitted an acceptable Baseline Notice of Intent, is hereby granted this Certificate of Permit Coverage in order to discharge storm water associated with industrial activity from the operation of

**Brookhaven Lincoln County Airport  
Receiving Stream: Unnamed tributary to East Bogue Chitto River  
Lincoln County**

A handwritten signature in black ink, appearing to read "Tim Young", written over a horizontal line.

Chief, General Permits Branch

*Coverage No: MSR000205*

*Date of Coverage: November 11, 2010*

*Date First Inspection Report is due: January 28, 2011*

*Date General Permit Expires: September 28, 2015*

10118 GNP20100001