INDUSTRIAL STORMWATER GENERAL PERMIT
RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00

GENERAL NPDES COVERAGE NO. MSR00 1859

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Industrial Stormwater General Permit. This form must be completed and returned to the address printed at the bottom of page 2.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is 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 Industrial Stormwater 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 INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Robert Mutersbaugh

EMAIL ADDRESS: rob.mutersbaugh@acibuildingsystems.com

COMPANY NAME: ACI Building Systems LLC

STREET OR P.O. BOX: 10125 Hwy 6 West

CITY: Batesville **STATE:** MS **ZIP:** 38606

PHONE NUMBER (INCLUDE AREA CODE): 662-563-4574

FACILITY INFORMATION

FACILITY NAME: ACI Building systems LLC

CONTACT NAME & POSITION: Cowles Horton, IT Safety and Environmental Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-209-3373

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

3348

PHYSICAL SITE ADDRESS STREET: 10125 Hwy 6 West

CITY: Batesville, MS COUNTY: Panola ZIP: 38606

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 34 degrees 17 minutes 45.8 seconds LONGITUDE: 90 degrees 2 minutes 50.6 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: _____

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

IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☒ YES ☐ NO

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

IS A COPY OF THE SWPPP AT THE PERMITTED SITE? ☒ YES ☐ NO

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).

AUTO SALVAGE FACILITIES ONLY

FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BE SUBMITTED TO MDEQ NO LATER THAN JANUARY 31, 2022.

DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERMIT? ☐ YES ☐ NO

IS A REVISED COPY OF THE SWPPP ATTACHED? ☐ YES ☐ NO

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 fines 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.

Robert A. Mutersbaugh — Signature[1]

1-11-2021 — Date

Robert A. Mutersbaugh — Printed Name[1]

1-11-2021 — Title

[1]This form shall be signed according to ACT16, 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

Responsible Official/Duly Authorized Representative Identification Form

(The following page is to be used for specifying facility contacts)

Facility Name: ACI Building Systems Facility Number: MSR001859

I hereby certify that I am qualified under the regulatory definition to be the responsible official for the above-named facility. Specifically, I, Rob Mutersbaugh (Typed or printed name):

(X) am an officer of the corporation. My title is President.

(X) perform policy or decision-making functions similar to that of an officer of the corporation.

Explain: Makes all decisions pertaining to this facility.

( ) am a general partner in a partnership.

( ) am the owner of a sole proprietorship.

( ) am a principal executive officer or ranking elected official of a municipality, state, federal, or other public agency. My office/title is: _____.

My agency is: _____.

Note: A duly authorized representative may only be designated for corporations, and while a corporation may have several responsible officials, it can only have one duly authorized representative.

I hereby designate Cowles Horton, III (Name of individual) as a duly authorized representative to act in my stead.

This individual's business title is: Safety and Environmental Manager.

I also certify that this individual is responsible for the overall operation of one or more facilities applying for or subject to a permit under these regulations and that

( ) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding $25 million (in second quarter 1980 dollars), or

(X) approval of this delegation of authority has been previously requested of and given by the DEQ.

Robert A. Mutersbaugh
Signature of responsible official

Cowles Horton, III
Signature of duly authorized representative designee

01-05-21
Date

For MDEQ use only:

Acknowledged by

Date

Facility Contact Identification Form

Facility Name: ACT Building Systems Facility Number:

- To correct information from page 1, indicate a correction by checking the "Correction" box, indicate the name of the facility contact and fill out only the information that is to be corrected.
- To add a facility contact, indicate an addition by checking the "Addition" box and complete all of the information.
- To remove a facility contact from page 1, indicate the contact is to be removed by checking the "Removal" box and fill out the name of the contact only.

Correction ☐ Addition ☒ Removal ☐

Facility Contact: Rob Mutersbaugh Title: President

Facility Contact Mailing Address: 10125 Hwy 6 W
Batesville, MS 38606

Facility Contact Telephone No: 662-563-4574

Correction ☐ Addition ☐ Removal ☒

Facility Contact: Mike Gilbert Title: President

Facility Contact Mailing Address: 10125 Hwy 6 W
Batesville, MS 38606

Facility Contact Telephone No: 662-563-4574

Correction ☐ Addition ☐ Removal ☐

Facility Contact: _____ Title: _____

Facility Contact Mailing Address: _____

_____

Facility Contact Telephone No: _____

Correction ☐ Addition ☐ Removal ☐

Facility Contact: _____ Title: _____

Facility Contact Mailing Address: _____

_____

Facility Contact Telephone No: _____