



## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 6 6 5

## 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."

<u>ALL INFORMATION MUST BE COMPLETED</u> (Enter "NA" if not applicable).

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Michael Smith SAFety	Directon
EMAIL ADDRESS: seago Lumber 60 C cable one . Net	
COMPANY NAME: SEAGO Lumber Company	
STREET OR P.O. BOX: PO BOX 607	14 A A
CITY: M Comb STATE: MS	ZIP: 39449
PHONE NUMBER (INCLUDE AREA CODE): 401-684-3000	5- 4-1
FACILITY INFORMATION	
FACILITY NAME: SEAGO Lumber Company	

CONTACT NAME & POSITION: MICHAEL SMITH SAFETY DIRECTOR

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 401-684-3000

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 2421 Lumber MAN & FACTURER



STREET: 614 West Presley BLND		
CITY: MComb COUNTY: Pike Z	IP: 39448	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:		
LATITUDE: 31 degrees 17 minutes 22. seconds LONGITUDE: 90 degrees 28 minutes	es <u>40. (</u> seconds	
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: 4.774 Ta	Ng 1 PA hoa River	
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	NO	
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? X YES	NO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	XYES □ NO	
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).	YES NO	
AUTO SALVAGE FACILITIES ONLY		
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BI MDEQ NO LATER THAN JANUARY 31, 2022.	E SUBMITTED TO	
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 supervisus system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Bas person or persons who manage the system, or those persons directly responsible for gathering the information, the to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties information, including the possibility of fines and imprisonment for knowing violations.	sed on my inquiry of the information submitted is.	
I further certify that I understand when coverage is terminated the facility is no longer authorized to discharge storindustrial activity under this general permit. Lunderstand that discharging pollutants in storm water associated wi waters of the state without NPDES coverage is in violation of state law.  2-22-25	th industrial activity to	
Signature <sup>1</sup> Date		
Printed Name <sup>1</sup> Printed Name <sup>1</sup> Title	<del>-</del>	
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<ul> <li>This form shall be signed according to ACT16, T-9 of the General Permit, as follows:</li> <li>For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected officer.</li> </ul>	icial.	
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		

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