A1: 15257



INDUSTRIAL STORMWATER GENERAL PERMIT

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MAR INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2070

AMEO

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).

COV	VERAGE RECIPIENT INFORMAT	ION
CONTACT NAME & POSITION: Chris R	Racca - Environmental Protection N	1anager
EMAIL ADDRESS: cracca@wm.com	1	· · · · · · · · · · · · · · · · · · ·
COMPANY NAME: WM Biloxi Transf		
STREET OR P.O. BOX: 14339 Hudson	n Krohn Road	
CITY: Biloxi	STATE: MS	ZIP: 39532
PHONE NUMBER (INCLUDE AREA CODE		
FACILITY INFORMATION		
FACILITY NAME: WM Biloxi Transf	fer Station, LLC - WM Biloxi	
CONTACT NAME & POSITION: Michael Yar	rbrough - District Manager	
CONTACT PHONE NUMBER (INCLUDE A	REA CODE): 228-271-6227	
PRIMARY STANDARD INDUSTRIAL CI	ASSIFICATION (SIC) CODE & DESCRIPT	ION OF INDUSTRIAL ACTIVITY:



PHYSICAL SITE ADDRESS STREET: 14339 Hudson Krohn Road				
CITY: Biloxi COU	_{NTY:} Harrison	_{ZIP:} _3953	32	
PROVIDE THE COORDINATES OF TH	IE PLANT ENTRANCE:			
LATITUDE: 30 degrees 29 minute				
NEAREST NAMED RECEIVING STRE	AM FOR STORM WATER LEAVIN	G THE SITE: Howard Creek then into Tchouta	cabouffa River	
IS RECEIVING STREAM ON MDEQ	s 303(d) LIST?	☐ YES ■ NO	i e	
IF YES, HAS A TMDL BEEN ESTABLI	SHED FOR THE RECEIVING STRE	AM SEGMENT? YES NO	9	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT THE PER	MITTED SITE?	YES	S NO	
	P UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? SE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).			
	AUTO SALVAGE FACIL	ITIES 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 PER	MIT? NA TYES	S NO	
IS A REVISED COPY OF THE SWPPP AT	TTACHED?	N/A LYES		
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.				
Cho2		3/5/2021		
Signature ¹		Date /		
Chris Racca		Environmental Manager		
Printed Name ¹		Title		
This form shall be signed according to ACT For a corporation, by a responsibl For a partnership, by a general pa For a sole proprietorship, by the p For a municipal, state or other pul	e corporate officer. rtner.			
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



WM Biloxi Transfer Station, LLC WM Biloxi 14339 Hudson Krohn Road Biloxi, MS 39532

March 5, 2021

Chief - Environmental Permits Division Mississippi Department of Environmental Quality Office of Pollution Control 515 East Amite Street Jackson, MS 39201

RE:

Industrial Stormwater General Permit Re-Coverage Form

WM Biloxi Transfer Station, LLC

WM Biloxi

Permit Coverage No. MSR002070

Harrison County

As required by ACT 14 Condition No. T-2 of the previous Baseline Stormwater General Permit, please find enclosed the completed re-coverage forms as our intent to re-apply for coverage under the recently reissued Industrial Stormwater General Permit for the following facility:

WM Biloxi Transfer Station, LLC WM Biloxi MSR002070

If you have any questions or require any additional information, please contact me at (318) 537-1530 or via email cracca@wm.com.

Sincerely,

Waste Management of MS, Inc.

Chris Racca

Environmental Protection Manager

MAR 8 2021

MDEQ