





## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 9 7 0

## 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: Mark McMinn			
EMAIL ADDRESS: mmcminn@abf.com			
COMPANY NAME: ABF Freight System, Inc			
STREET OR P.O. BOX: P.O. BOX 10048			
CITY: Fort Smith	_ <sub>STATE:</sub> Arkansas	ZIP: 72917	
PHONE NUMBER (INCLUDE AREA CODE): 479-7	85-6000		
FACILITY INFORMATION			
FACILITY NAME: ABF Freight System, Inc.			
CONTACT NAME & POSITION: Chad Mayfield, Service Center			
CONTROL NAME & LOST TOTA	er manager		
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-372-0125			
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:			



PHYSICAL SITE ADDRESS STREET: 4501 Interstate 55 South				
CITY: Jackson	_ <sub>COUNTY:</sub> Hinds	ZIP: 39212		
PROVIDE THE COORDINATES				
LATITUDE: 32 degrees 13	minutes 18 seconds LONGITUDE: -90	degrees 13 minutes 22 seconds		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Cany Creek				
IS RECEIVING STREAM ON I	MDEQ's 303(d) LIST?	YES NO		
IF YES, HAS A TMDL BEEN ES	TABLISHED FOR THE RECEIVING STREAM SE	GMENT? YES NO		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT T	HE PERMITTED SITE?	YES 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).				
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 CH	ANGES TO COMPLY WITH THE NEW PERMIT?	☐ YES ☐ NO		
IS A REVISED COPY OF THE SW	PPP 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 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.				
Markelley		3/16/21		
Signature <sup>1</sup>		Date		
Mark McMinn	Sr. V	ce President		
Printed Name <sup>1</sup>		Title		
<ul> <li>For a corporation, by a res</li> <li>For a partnership, by a ges</li> <li>For a sole proprietorship,</li> </ul>	neral partner.	, or ranking elected official.		
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of P P.O. Box 2261 Jackson, Mississippi 39225	ollution Control		



P.O. Box 10048 (72917-0048)

3801 Old Greenwood Road

Fort Smith, AR 72903 479.785.8700 arcb.com/abf

March 16, 2021

## VIA FEDEX

Chief, Environmental Permits Division MS Department of Environmental Quality Office of Pollution Control Attn: Florance Bass 515 East Amite Street Jackson, MS 39201

Re:

ABF Freight System, Inc. ("ABF")

4501 Interstate 55 South Jackson, MS 39212

Re-Coverage under Industrial Stormwater General Permit MSR00

NPDES Coverage No. MSR000970

Dear Sir or Madam:

Enclosed for processing please find ABF's completed Industrial Stormwater Re-Coverage Form (NPDES Coverage No. MSR000970) for the above location. Additionally, an updated copy of the SWPPP is included.

Please feel free to contact me should you have any questions/comments.

Sincerely,

Tisha Cochran

Sr Manager, Real Estate Compliance

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Enclosures

cc: Service Center

RECEIVED

MAR 1 7 RECT

Dept. of Environmental Quality