

## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2 3 0 6

## **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:	George Handler - Plant Manager	
EMAIL ADDRESS: george.har		· · · · · · · · · · · · · · · · · · ·
COMPANY NAME: Oil Dri Proc		
STREET OR P.O. BOX: 1800 1/2		
CITY: Ripley	•	ZIP: 38663
PHONE NUMBER (INCLUDE ARE	A CODE): 662-837-9263	
FACILITY INFORMATION		
FACILITY NAME: Oil Dri Pro	duction Company	
CONTACT NAME & POSITION:	George Handler/Plant Manager	
CONTACT PHONE NUMBER (INC	LUDE AREA CODE): 662-837-9263	
	NAL CLASSIFICATION (SIC) CODE & DESCRIP Earths, Ground or Otherwise Treated	TION OF INDUSTRIAL ACTIVITY:

PHYSICAL SITE ADDRESS STREET: 1800 1/2 Hwy 15 North			
CITY: Ripley COUNTY: Tippah ZIP: 3	38663		
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:			
LATITUDE: 34 degrees 45 minutes 14 seconds LONGITUDE: 88 degrees 56 minutes 32 seconds			
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Unnamed tributaries of Town and Owl Creek			
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	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? 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 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.			
Signature Date			
George Literaler IV Rout Manager	•		
Printed Name <sup>1</sup> Title	_		
This form shall be signed according to ACT16, T-9 of the General Permit, as follows:  Ror 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			