



## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2099

## 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

Toni Scott	Compliance Manager	
CONTACT NAME & POSITION: Toni Scott	- Compilance Manager	
EMAIL ADDRESS: tscott@rlcarriers.com	1	
COMPANY NAME: Greenwood Motor Lin	nes, Inc. dba R+L Carriers	
STREET OR P.O. BOX: 600 Gillam Rd		
CITY: Wilmington	STATE: OH	ZIP: 45177
PHONE NUMBER (INCLUDE AREA CODE): 80	00-543-5589	
FACILITY INFORMATION		
FACILITY NAME: R+L Carriers - JMS		
CONTACT NAME & POSITION: Scott Hastings - Serv	rice Center Manager	
CONTACT PHONE NUMBER (INCLUDE AREA	CODE): 601-932-7412	
PRIMARY STANDARD INDUSTRIAL CLASSI		PTION OF INDUSTRIAL ACTIVITY:

PHYSICAL SITE ADDRESS STREET: 149 Becknell St				
CITY: Pearl COUNTY: Rankin	ZIP: 39208			
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:				
LATITUDE: 32 degrees 15 minutes 50 seconds LONGITUDE: 90 degrees 08 minutes 55 seconds				
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Neely Creek				
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	YES NO			
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STR	EAM SEGMENT? YES NO			
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	YES N	Ю		
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 CHANGES TO COMPLY WITH THE NEW PER	YES YES	10		
IS A REVISED COPY OF THE SWPPP ATTACHED?	YES N	<b>10</b>		
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 NBDES coverage is in violation of state law.				
- Jack	03/11/2021			
Signature <sup>1</sup>	Date			
Steve maupin	Director of Safety			
Printed Name <sup>1</sup>	Title			
<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 official.</li> </ul>				

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