

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2 1 4 7

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."

CONTACT NAME & POSITION: Arlin Mallette, Vice President

COMPANY NAME: Malletter Brothers Construction Company

EMAIL ADDRESS: mallettebrothers@cableone.net

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

COVERAGE RECIPIENT INFORMATION

arlinmallette@gmail.com

STREET OR P.O. BOX: 3708 Highway	y 90	Carlot Colony	and the second second second second		
CITY: Gautier	STATE: MS		ZIP: 39553		
PHONE NUMBER (INCLUDE AREA COD	E): O: 228-497-2523	C: 228-219	-0822		
FACILITY INFORMATION					
FACILITY NAME: Mallette Brothers Construction Company, Main Office					
CONTACT NAME & POSITION: Artin Maile	ette, Vice President				
CONTACT PHONE NUMBER (INCLUDE)	AREA CODE): O: 228-49	7-2523 C:	228-219-0822		
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 2 2 3 1 3531 Construction and Building Materials					



PHYSICAL SITE ADDRESS STREET: 3708 Highway 90					
CITY: Gautier COUNTY: Jackson	z _{IP:} 395	553			
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:					
LATITUDE: 30 degrees 23 minutes 44.7 seconds LONGITUDI					
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Mary Walker Bayou					
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	YES NO	0			
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO					
STORM WATER POLLUTION PREVEN	ITION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	■ 7.1	ES NO			
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM		ES NO			
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instruction					
AUTO SALVAGE FACIL					
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH MDEQ NO LATER THAN JANUARY 31, 2022.	THE NEW PERMIT MUST BE SUBMI	TTED TO			
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PER	AMIT?	ES NO			
IS A REVISED COPY OF THE SWPPP ATTACHED?	□ _{A1}	ES 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.					
arlin Mallite	3-19-21				
Signature ¹	Date				
Arlin Mallette	Vice President				
Printed Name ¹	Title				
This form shall be signed according to ACT16, T-9 of the General Permit, as follows: For 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

OOU 7126 FOTHE RIGHT FOTHE LINE AIL	5004 7126 5004 7126	For delivery information, visit our websit	16 1
TICKER AT TOP OF ENVELOPE RETURN ADDRESS, FOLD AT RETURN ADDRESS, FOLD AD FOLD ADDRESS, FOLD ADDRESS, FOLD ADDRESS, FOLD ADDRESS, FOLD AD FOLD ADDRESS, FOLD ADDRE	80 0000	Extra Services & Fees (check box, add fee as appropriate) Return Receipt (hardcopy) \$ Return Receipt (electronic) \$ Certified Mail Restricted Delivery \$ Adult Signature Required \$ Adult Signature Restricted Delivery \$ Postage	Postmark Here
PLACE S PLACE S OF THE	7017 33	Total P	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: OPC, EPD, MDEQ P0 Box 2261 Jackson, MS 39225 	A. Signature X		
9590 9402 5953 0062 7631 78 2. Article Number (<i>Transfer from service label</i>)	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Insured Mail	Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Don	nestic Return Receipt	

MB MALLETTE BROTHERS CONSTRUCTION CO., INC.

Since 1959 Certificate of Responsibility #2671 3708 Highway 90 Gautier, MS 39553

Office: 228-497-2523 Plant: 228-497-3226 Coast: 800-246-3277 Fax: 228-497-9452

March 19, 2021

Certified Mail No.: 7017 3380 0000 5004 7126

DEGETVEDO MAR 2 2 2021

Chief, Environmental Permits Division
Mississippi Department of Environmental Quality, Office of Pollution Control
P. O. Box 2261
Jackson, MS 39225

Re: Mallette Brothers Construction Company, Main Office

Industrial Storm Water Re-Coverage AIID No. 53777 Permit No. MSR002147 Jackson County

Chief:

Mallette Brothers Construction Company hereby submits this Industrial storm water general permit re-coverage form for the above referenced facility. The Industrial storm water permit serves all operations on this site.

We appreciate your assistance and understanding in this matter. If you have any questions do not hesitate to contact me.

Sincerely,

Arlin Mallette Vice President

Attachment – Industrial Storm Water General Permit Re-Coverage Form

negren (j. 1400) ne aktar inggék nggénésék dinan Pelulingi kalaksitan nggénésian (j. 1801) belaksing teolog n na san an san hadin keta keta kelija saka salah adam kelija kelebikan di kelija kelija kelija kelija kelija Salah salah kelija senggi kelija kelija kelija salah kelija salah kelija kelija kelija kelija kelija kelija ke Salah salah salah salah salah salah kelija kelija salah salah salah salah kelija kelija kelija kelija kelija k tile om med til statiste i statiste skall i