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# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 1 0 5 1

## 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: Mike Hainsey  
EMAIL ADDRESS: mhainsey@gtra.com  
COMPANY NAME: Golden Triangle Regional Airport  
STREET OR P.O. BOX: 2080 Airport Road  
CITY: Columbus STATE: Mississippi ZIP: 39701  
PHONE NUMBER (INCLUDE AREA CODE): (662) 327-4422

## FACILITY INFORMATION

FACILITY NAME: Golden Triangle Regional Airport  
CONTACT NAME & POSITION: Mike Hainsey, Executive Director

CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 327-4422

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
4 5 8 1 Airports, Flying Fields, and Airport Terminal Services

m

**PHYSICAL SITE ADDRESS**

STREET: 2080 Airport Road

CITY: Columbus COUNTY: Lowndes ZIP: 39701

**PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:**

LATITUDE: 33 degrees 27 minutes 06 seconds LONGITUDE: 88 degrees 35 minutes 15 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Gilmer Creek

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☐ YES ☒ NOIF 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 ☐ NOIS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? ☒ YES ☐ NO  
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 PERMIT? ☐ YES ☐ NOIS 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<sup>1</sup>

Mike Hainsey

Printed Name<sup>1</sup>

Date

Executive Director

Title

<sup>1</sup>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

# Letter Of Transmittal



Neel-Schaffer, Inc.  
2310 Martin Luther King Jr. Drive  
Columbus, MS 39705  
Phone: 662.328.4547  
Fax: 662.328.8552

TO Chief, Environmental Permits Div.

MDEQ

515 East Amite Street

Jackson, MS 39201

Date

April 26, 2021

Project Name

Golden Triangle Regional

Airport – Ind. SW Permit

N-S Proj. No.

NS.6688.020

Client Proj. No.

## WE ARE SENDING YOU THE FOLLOWING:

Submittal No.	<input checked="" type="checkbox"/>	Attached	<input type="checkbox"/>	Separately via:
Shop Drawings	<input type="checkbox"/>	Plans	<input type="checkbox"/>	Specifications
Copy of Letter	<input type="checkbox"/>	Change Order	<input checked="" type="checkbox"/>	Other: Ind. SW Permit Re-Coverage Form

O= Original	These are transmitted as checked below:  As Requested <input checked="" type="checkbox"/> For Approval For Review & Comment <input type="checkbox"/> For Handling
PC= Photocopy	
PR= Print	
R= Reproducible	

No.	Type	Date	Description
1	O	4-26-2021	Industrial Stormwater General Permit Re-Coverage Form
1	O	7-13-2020	SWPPP

REMARKS: PLEASE CONTACT MY OFFICE AT (662) 328-4547 IF YOU HAVE ANY QUESTIONS OR NEED ANY ADDITIONAL INFORMATION.

Copy: Mike Hainsey

Project File

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NEEL-SCHAFFER, INC.

By: Zach Foster

If enclosures are not as noted, please notify us at once.

Dept. of Environmental Quality