

INDUSTRIAL STORMWATER GENERAL RERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR000 Environmental Quality

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: STEPHEN EDWARDS, PRESIDENT				
EMAIL ADDRESS: SE WATCHEZ SALVAGE, COM				
COMPANY NAME: NATCHEZ SALVAGE & PARTS, INC.				
STREET OR P.O. BOX: 276 Hillycand BLUD.				
CITY: NATCHEZ STATE: MS ZIP: 39120				
PHONE NUMBER (INCLUDE AREA CODE): (601) 442-3626				
FACILITY INFORMATION				
FACILITY NAME: NATCHEZ SALVAGE & PARTS, INC.				
CONTACT NAME & POSITION: STEPHEN EDWARDS, PRESIDENT				
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 442-3626				
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:				
SUIS MUIO SALVAGE FACILITY				

PHYSICAL SITE ADDRESS 276	4. ChLAND BL	<i>√</i> ∆		
CITY: <u>NATCHEZ</u> COI	UNTY: ADAM	5	zip:39120	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:				
LATITUDE: 31 degrees 31 minutes 17 seconds LONGITUDE: 91 degrees 24 minutes 15 seconds				
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: ST. CATHERINE CREEK				
IS RECEIVING STREAM ON MDEC)'s 303(d) LIST?	Þ	YES NO	
IF YES, HAS A TMDL BEEN ESTABL	ISHED FOR THE RECE	IVING STREAM SEGMENT?	YES NO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT THE PE	RMITTED SITE?		X YES □ NO	
IS THE SWPPP UP-TO-DATE AND EFF IF NO, PLEASE ATTACH REQUIRED S			YES NO	
AUTO SALVAGE FACILITIES ONLY				
FOR AUTO SALVAGE FACILITIES, A I MDEQ NO LATER THAN JANUARY 31		APLY WITH THE NEW PERMIT N	1UST BE SUBMITTED TO	
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERMIT?			XYES NO	
IS A REVISED COPY OF THE SWPPP A	YES □NO			
I certify under penalty of law that this doc system designed to assure that qualified pe person or persons who manage the system to the best of my knowledge and belief, tru information, including the possibility of fir	rsonnel properly gathered a , or those persons directly re e, accurate and complete. I	and evaluated the information submi esponsible for gathering the informat am aware that there are significant	tted. Based on my inquiry of the tion, the information submitted is,	
I further certify that I understand when coindustrial activity under this general perm waters of the state without NPDES coverage Signature Signature Printed Name ¹	overage is terminated the facit. I understand that dischage is in violation of state law	cility is no longer authorized to discharging pollutants in storm water associated by the storm water as a storm water associated by the storm water as a storm water water as a storm water water as a storm water as a storm water as	ciated with industrial activity to	
 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. 				
MS I P.O.	f, Environmental Permits D Department of Environment Box 2261 son, Mississippi 39225	ivision, al Quality, Office of Pollution Contr	ol	