



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
DEC 3 2012
Dept of Environmental Quality

RE-COVERAGE FORM DRINKING WATER TREATMENT PLANT GENERAL PERMIT

COVERAGE NUMBER: MSG18 0006. This coverage number must be completed for your drinking water treatment plant or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your Certificate of Coverage or in the heading on the Letter of Instruction.

INSTRUCTIONS

The submittal of this form is required to receive re-coverage under the new Drinking Water Treatment Plant General Permit when it is reissued. This form must be completed and returned to the MDEQ at the address printed at the bottom of the back page of this form within 30 days of the date of the Letter of Instruction.

Applicant must be the owner or operator of the drinking water treatment plant. To avoid unnecessary delays, please be sure that the DWTP NOI is signed in accordance with ACT 9, T-4 of the General Permit. The owner or operator that receives coverage is responsible for permit compliance.

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

APPLICANT INFORMATION

APPLICANT IS THE OWNER OPERATOR (Must check one or both)

OPERATOR CONTACT PERSON: Charles Ashcraft

OPERATOR COMPANY NAME: City of Amary

OPERATOR STREET (P. O. BOX): PO Box 2646

OPERATOR CITY: Amary STATE: Ms ZIP: 38821

PHONE NUMBER: (662) 315-1373 EMAIL ADDRESS: cashcraft72@yahoo.com

OWNER CONTACT PERSON: _____

OWNER COMPANY: _____

OWNER STREET (P. O. BOX): _____

OWNER CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ EMAIL ADDRESS: _____

FACILITY INFORMATION

FACILITY NAME: City of Amory
MAILING ADDRESS: PO Box 266
CITY: Amory STATE: MS ZIP: 38821
PHONE NUMBER: (662) 256-5633 EMAIL ADDRESS: a-util@midsouth.com

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 fine and imprisonment for knowing violations.

Tony Swan
Signature¹

11-28-12
Date

Tony Swan
Printed Name

Manager of Utilities
Title

¹This form shall be signed according to the General Permit, ACT9, T-4 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
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225