



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2 0 5 8

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).

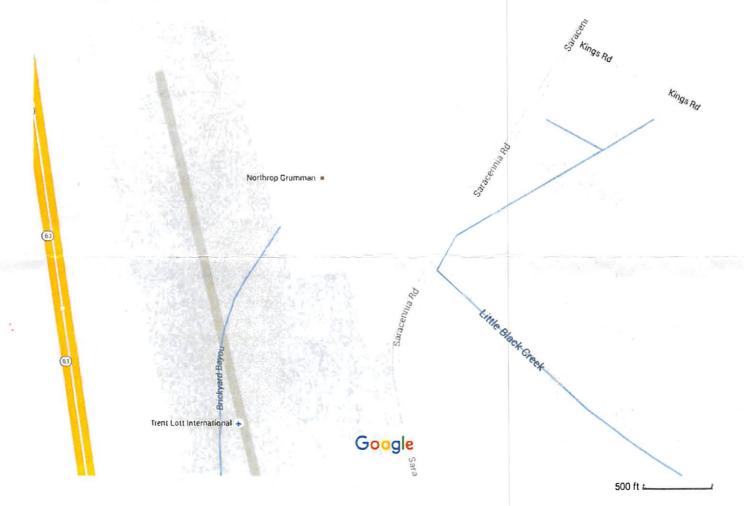
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CONTACT NAME & POSITION: Carol L. Snap, Executive Director	and according to the first state of the section of the
EMAIL ADDRESS:trentlottairport@cableone.net	
COMPANY NAME: Trent Lott International Airport	· y to posi-
STREET OR P.O. BOX: 8301 Saracennia Road, Suite 11	
CITY: Moss Point STATE: MS	ZIP: 39563
PHONE NUMBER (INCLUDE AREA CODE): (228) 475-1371	the control of the second self-the for the self-the second second self-the second second self-the second self-the second self-the second self-the second self-
FACILITY INFORMATION	at a name of the <mark>Annah was the Annah of the</mark>
FACILITY NAME: Trent Lott International Airport	g tipe an appe stage en and and
FACILITY NAME: THERE EDIT INCIDENTALIONAL PROPERTY	
CONTACT NAME & POSITION: Carol L. Snapp, Executive Director	(1)



PHYSICAL SITE ADDRESS STREET: _8301 Saracennia Road		
CITY: Moss Point COUNTY: MS	ZIP: 39563	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:		
LATITUDE: N 30 degrees 29 minutes 46 seconds LONGITUDE: W 88 de	egrees 31 minutes 45 seconds	
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SIT	TE: Little Black Creek	
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	YES X NO	
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGN	MENT? YES X NO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	YES NO	
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER PO IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front pa		
AUTO SALVAGE FACILITIES ONLY		
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW MDEQ NO LATER THAN JANUARY 31, 2022.		
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERMIT?	YES NO	
IS 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.		
Caral & Snapps Janu	uary 7, 2021	
Signature ¹ I	Date	
	cutive Director	
	THE SECTION	
¹ 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 	r ranking elected official.	
After signing please mail to: Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Polls P.O. Box 2261	ution Control	

P.O. Box 2261 Jackson, Mississippi 39225

Google Maps



Jackson County Airport Authority



"Trent Lott International Airport"

January 7, 2021

Chief, Environmental Permits Division MS Department of Environmental Quality Office of Pollution Control PO Box 2261 Jackson, MS 39225

Re: Industrial Stormwater General Permit Re-Coverage Form

Trent Lott International Airport

Dear Sir/Ma'am,

Please find enclosed the completed "Industrial Stormwater General Permit Re-Coverage Form" for Trent Lott International Airport location in Jackson County, MS.

Please do not hesitate calling me at 228-475-1371 for any questions.

Sincerely,

Carol L. Snapp

Executive Director

Trent Lott International Airport

Caral & Snappe