

AI #50147



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JAN 13 2021

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

MDEQ

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 1910

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: J.C. Duckworth, manager

EMAIL ADDRESS: jaspercoop1954@aol.com

COMPANY NAME: Jasper Cooperative, LLC

STREET OR P.O. BOX: PO Box 1038

CITY: Stringer STATE: Ms ZIP: 39481

PHONE NUMBER (INCLUDE AREA CODE): 601-428-4968

FACILITY INFORMATION

FACILITY NAME: Jasper Cooperative, LLC

CONTACT NAME & POSITION: J.C. Duckworth, manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-428-4968

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

203

PHYSICAL SITE ADDRESS

STREET: 34 County Rd 17

CITY: Stringer COUNTY: Jasper ZIP: 39481

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: ___ degrees ___ minutes ___ seconds LONGITUDE: ___ degrees ___ minutes ___ seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: _____

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? YES NO

IF 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 NO

IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS?
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page). YES NO

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 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.

J.C. Duckworth
Signature¹

1-6-2021
Date

J.C. Duckworth
Printed Name¹

Manager
Title

¹This 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

Violation of ACT 5, Condition T-3(4) - We now have one
or file.

Violation of ACT 5, Condition T-8(9) - We now have
one or file.

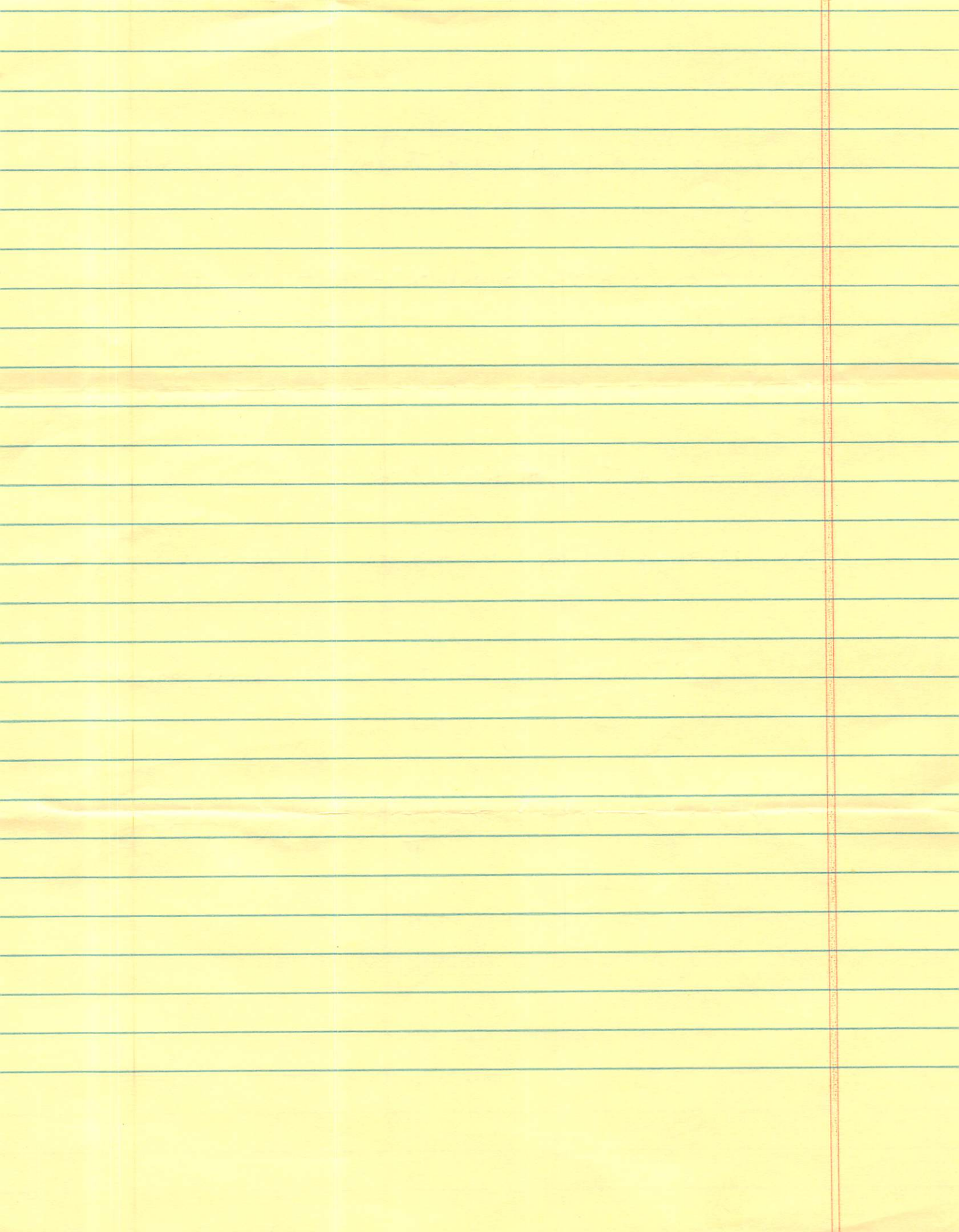
Violation of ACT 7, Condition S-1 (1) - We have applied

Violation of ACT 8, Condition S-2 - Is being addressed.

Violation of ACT 12, Condition S-1 - One is now or file.

All noted spills are being addressed.

J. C. Duckworth





MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 _____

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (i.e., legal entity that controls the facility's operation, or the plant/site manager, not the environmental consultant). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated industrial activity.

Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary is required. If a copy is submitted, provide the name of the quadrangle map that is found in the upper right hand corner. Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

ALL FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

THE APPLICANT IS: OWNER OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name: _____	Position: _____
Owner Company Name: _____	
Owner Street (P.O. Box): _____	
Owner City: _____	State: _____ Zip: _____
Owner Phone Number: () _____	Owner Email: _____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: <u>J.C. Duckworth</u>	Position: _____
Operator Company Name: <u>Jasper Cooperative, AAL</u>	
Operator Street (P.O. Box): <u>34 County Rd 11</u> <u>PO Box 1038</u>	
Operator City: <u>Stringer</u>	State: <u>Ms</u> Zip: <u>39481</u>
Operator Phone Number: (601) <u>428-4968</u>	Operator Email: <u>jaspercoop154@aol.com</u>

FACILITY INFORMATION

Facility Name: Jasper Cooperative, AA

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: _____

Receiving Stream: _____

Is receiving stream on MDEQ's 303(d) List? Yes No

Has a TMDL been established for the receiving stream segment? Yes No

Physical Site Address:

Street: 34 County Rd 17 City: Stringer

County: Jasper Zip: 39481

Latitude: ___ degrees ___ minutes ___ seconds Longitude: ___ degrees ___ minutes ___ seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): _____

Attach a copy of any existing laboratory data for each storm water outfall. If multiple sampling has been performed, provide a summary for each parameter, including sampling dates and the minimum, average and maximum values.

Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts? Yes No
If yes, please attach a list of water priority chemicals present at the facility.

**DOCUMENTATION OF COMPLIANCE WITH OTHER
REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits? Yes No

If yes, check which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating,
 Individual NPDES, or list Other(s):

How will sanitary sewage be collected and treated? _____

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

Is treatment of storm water provided at any outfall? Yes No

If yes, please describe: _____

CERTIFICATION

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.

J.C. Duckworth
Signature¹ (Must be signed by operator when different than owner)

1-6-2021
Date Signed

J.C. Duckworth
Printed Name¹

Manager
Title

¹This application shall be signed according to the General Permit, ACT 14, T-9, 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, the 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, MS 39225