



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM MDEQ

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 O 3 9 7

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: TOMMY SMITH	CFO						
EMAIL ADDRESS: tommy @ the price comanie	s. com						
COMPANY NAME: PRICE COMPANIES, INC.							
STREET OR P.O. BOX: 218 MIDWAY ROUTE							
CITY: MONTICEUD STATE: ARK	ANSAS	ZIP: 71655					
PHONE NUMBER (INCLUDE AREA CODE): 870/367-9751		1					
FACILITY INFORMATION							
FACILITY NAME: AMORY CHIPS, INC							
CONTACT NAME & POSITION: BRIAN JOHNSON	MANAGER						
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 2.	56-1400						
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:							



PHYSICAL SITE ADDRESS								
	TERWAY	DRIVE	Sout	4				
CITY: AMORY	COUNTY: _	MONROE	5		ZI	P: 38821		
PROVIDE THE COORDINATE	S OF THE PLA	NT ENTRAN	CE:					
LATITUDE: 33 degrees 59	_ minutes <u>19</u>	seconds	LONGIT	UDE: <u>88</u>	degrees <u>30</u> minute	es <u>32</u> seconds		
NEAREST NAMED RECEIVIN	G STREAM FO	R STORM W	ATER LEA	VING THE S	SITE: Tombia	Bee		
IS RECEIVING STREAM ON	MDEQ's 303(c	l) LIST?			YES	No		
IF YES, HAS A TMDL BEEN E	STABLISHED	FOR THE RE	CEIVING S	STREAM SEC	GMENT? YES	NO		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)								
IS A COPY OF THE SWPPP AT 7	THE PERMITTE	D SITE?				YES NO		
IS THE SWPPP UP-TO-DATE AN IF NO, PLEASE ATTACH REQU	ID EFFECTIVE IRED SWPPP A	IN CONTROL MENDMENTS	LING STO	RM WATER I	POLLUTANTS? page).	YES NO		
AUTO SALVAGE FACILITIES ONLY								
FOR AUTO SALVAGE FACILITY MDEQ NO LATER THAN JANUA	IES, A REVISED ARY 31, 2022.	SWPPP TO C	OMPLY W	ITH THE NE	W PERMIT MUST BE	SUBMITTED TO		
DOES THE SWPPP REQUIRE CI	HANGES TO CO	MPLY WITH	THE NEW	PERMIT?		YES NO		
IS A REVISED COPY OF THE SV	VPPP ATTACHI	ED?				YES NO		
I certify under penalty of law that t system designed to assure that qual person or persons who manage the to the best of my knowledge and be information, including the possibili	system, or those lief, true, accurat	roperly gathere persons directly te and complete	d and evalu responsibl . I am awar	ated the inform e for gathering re that there ar	mation submitted. Bas	ed on my inquiry of the		
I further certify that I understand vindustrial activity under this generawaters of the state without NPDES	al permit. I unde	rstand that disc	harging no	longer author llutants in stor	rized to discharge stori m water associated wit	n water associated with h industrial activity to		
- Day 7				1.	1/18/21			
Signature ¹			- 0 , 1	100	Date	7		
TOMMY SMITH					CFO			
Printed Name ¹	2.5	1671 W. J. 176			Title	The to		
This form shall be signed according For a corporation, by a res For a partnership, by a ges For a sole proprietorship, For a municipal, state or o	sponsible corpora neral partner. by the proprietor	ite officer.		101	or ranking elected offic	ial.		
After signing please mail to:	Chief, Environt MS Departmen			Office of Pol	lution Control			
	P.O. Box 2261 Jackson, Missis		Quant	, Jine or i or	Tation Control			