

AI# 11772



RECEIVED
JAN 26 2021
MDEQ

**INDUSTRIAL STORMWATER GENERAL PERMIT
RE-COVERAGE FORM**
FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 **0024**

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 the form if submitting a "No Exposure Certification."

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

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Richard G. Norden/President
EMAIL ADDRESS: rnorden@fairbanks.com
COMPANY NAME: Fairbanks Scales
STREET OR P.O. BOX: 6800 West 64th Street
CITY: Overland Park STATE: Kansas ZIP: 66202
PHONE NUMBER (INCLUDE AREA CODE): (816) 448-4240

FACILITY INFORMATION

FACILITY NAME: FairbanksScales
CONTACT NAME & POSITION: John Griffin / Director of Operations
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 616-5909
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIS) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
3596 Scales and Balances except Laboratory

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11/11/11

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REPORT OF THE BOARD OF DIRECTORS
FOR THE YEAR ENDING 31/12/11

1. The Board of Directors has pleasure in presenting to you the Report of the Board for the year ending 31/12/11. The Report is divided into two parts: the first part contains the Report of the Board and the second part contains the Report of the Management. The Report of the Board is divided into two parts: the first part contains the Report of the Board and the second part contains the Report of the Management. The Report of the Management is divided into two parts: the first part contains the Report of the Management and the second part contains the Report of the Management. The Report of the Management is divided into two parts: the first part contains the Report of the Management and the second part contains the Report of the Management.

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11/11/11

PHYSICAL SITE ADDRESS
 STREET: 239 69th Avenue
 CITY: Meridian COUNTY: Lauderdale ZIP: 39307

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: 32 degrees 21 minutes 30 seconds LONGITUDE: 88 degrees 44 minutes 57 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Okatibee Creek

IS RECEIVING STREAM ON MDEQ's 303(D) LIST? YES

IF YES HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEFMENT? YES

STORM WATER POLLUTION PREVENTION PLAN (SWPP)

IS A COPY OF THE SWPPP AT THE PERMITTED SITE? YES

IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? YES

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 PERMITS? **NA**

IS A REVISED COPY OF THE SWPPP ATTACHED?

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 the 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.

 Signature
RICHARD G. NORDEN
 Printed Name

11/20/21
 Date
PRESIDENT / CEO
 Title

- 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.

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