



## INDUSTRIAL STORMWATER GENERAL BERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 5 4 6

## **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: _	SCOTT MILLS	HSE	Engluer				
EMAIL ADDRESS:	dmills I @ we	stlake. co	m				
COMPANY NAME:	Axial LLC			P			
STREET OR P.O. BOX:	715 Highway	25 Sou	+4				
CITY: Aberdeen	STATE: _	MS		ZIP: _	39730		
PHONE NUMBER (INCLUDE AREA CODE): 662 - 369 - 3592							
FACILITY INFORMATION							
FACILITY NAME:AX	iall	•					
CONTACT NAME & POSITION	: Scott MILLS	ASE A	Engineer				
CONTACT PHONE NUMBER (INC	CLUDE AREA CODE):	662 - 36	9-35-92				
PRIMARY STANDARD INDUST	RIAL CLASSIFICATION (SIC Makenets , Synthe	C) CODE & DESCR	AIPTION OF INI	DUSTRIAI	L ACTIVITY:		

PHYSICAL SITE ADDRESS STREET:	715 Highway 25	South					
	_county: Monsoe		ZI	P: 39730			
PROVIDE THE COORDINATE	S OF THE PLANT ENTRANCE:						
LATITUDE: 33 degrees 48 minutes 52.9 seconds LONGITUDE: 88 degrees 33 minutes seconds							
NEAREST NAMED RECEIVING	G STREAM FOR STORM WATI	ER LEAVING THE SITE:	James	Creek			
IS RECEIVING STREAM ON	MDEQ's 303(d) LIST?	×	YES	LNO			
IF YES, HAS A TMDL BEEN ES	STABLISHED FOR THE RECEI	VING STREAM SEGMEN	NT? YES	□ NO			
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)							
IS A COPY OF THE SWPPP AT T	HE PERMITTED SITE?			YES NO			
IS THE SWPPP UP-TO-DATE AN IF NO, PLEASE ATTACH REQUI	D EFFECTIVE IN CONTROLLIN RED SWPPP AMENDMENTS (see	G STORM WATER POLLI Instructions on front page).	UTANTS?	XES 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 CH	IANGES TO COMPLY WITH TH	E NEW PERMIT?		YES NO			
IS A REVISED COPY OF THE SW	/PPP 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.							
1/7/2021							
Signature <sup>1</sup>	4	Date					
Jimmy Aut	nels	R	aut Mai	mana.			
Printed Name <sup>1</sup>	99	Title	- Tour	ego			
<sup>1</sup> 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.							
<ul> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.</li> </ul>							
After signing please mail to:	Chief, Environmental Permits Div MS Department of Environmenta P.O. Box 2261	ision,					

Jackson, Mississippi 39225



Box 91, 715 Highway 25 South Aberdeen, MS 39730 TEL: 662-369-8111

January 13, 2021

Ms. Florence Bass MDEQ/Environmental Permits Division Office of Pollution Control PO Box 2261 Jackson, MS 39225



MDEQ

RE:

Axiali – Al 2075

Industrial Stormwater General Permit

Re-coverage Form

Ms., Bass:

Per the letter dated December 29, 2020, we are attaching a signed copy of our Industrial Stormwater General Permit Re-Coverage Form. This is for the continued Permit Number MSR001546 issued to Axiall LLC.

Please let me know if you need additional information to proceed with our draft and reissuance. I can be reached at 662-369-3592.

Sincerely,

D. Scott Mills, P.E., BCEE

**HSE Engineer** 

**Aberdeen Operations** 

**Enclosure**