



INDUSTRIAL STORMWATER GENER ADPERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1523 ____

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: Lee Thames	
EMAIL ADDRESS: _lthames@thermokool.com	
COMPANY NAME: Thermo-Kool/Mid-South Industries, Inc.	
STREET OR P.O. BOX: P. O. BOX 989	
CITY: Laurel STATE: MS Z	IP: 39441
PHONE NUMBER (INCLUDE AREA CODE): 601 649-4600	
FACILITY INFORMATION	
FACILITY NAME: Thermo-Kool/Mid-South	
CONTACT NAME & POSITION: Lee Thames	
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601 649-4600 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUST 3585 Refrigeration and heating equipment	RIAL ACTIVITY:



PHYSICAL SITE ADDRESS STREET: 723 East 21st Street	
CITY: Laurel COUNTY: Jones 2	IP: <u>39440</u>
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:	
LATITUDE: 31 degrees 42 minutes 57 seconds LONGITUDE: 089 degrees 60 minut	es <u>57</u> seconds
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Tallahala	Creek
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	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 B MDEQ NO LATER THAN JANUARY 31, 2022.	E SUBMITTED TO
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 supervisive designed to assure that qualified personnel properly gathered and evaluated the information submitted. Bat person or persons who manage the system, or those persons directly responsible for gathering the information, the to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties information, including the possibility of fines and imprisonment for knowing violations.	sed on my inquiry of the information submitted is,
I further certify that I understand when coverage is terminated the facility is no longer authorized to discharge stored industrial activity under this general permit. I understand that discharging pollutants in storm water associated waters of the state without NPDES coverage is in violation of state law.	
EE Thama Z.25.21	
Signature Z.25.21 Date	<u>.</u> .
Lee Thames U.P./open	tims mg
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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 off After signing please mail to: Chief, Environmental Permits Division.	icial.

Chief, Environmental Permits Division,
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225