

## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2266 \_\_\_\_

## **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: Chris Racca - Environmental Protection Manager		
EMAIL ADDRESS: cracca@wm.com	* j	
COMPANY NAME: Waste Management of Mississippi, Inc.		
STREET OR P.O. BOX: 1157 Highway 51 South		
CITY: Summit STATE: MS	<sub>ZIP:</sub> 39666	
PHONE NUMBER (INCLUDE AREA CODE): 318-537-1530		
FACILITY INFORMATION		
FACILITY NAME: Waste Management of Mississippi, Inc Pike County Transfer Station		
CONTACT NAME & POSITION: Randy Clark - Operations Manager		
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-996-6005		
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIB	PTION OF INDUSTRIAL ACTIVITY:	



PHYSICAL SITE ADDRESS STREET: 3104 Lindebergh Road			
CITY: Magnolia COUN	<sub>TY:</sub> Pike	ZIP: 39652	
PROVIDE THE COORDINATES OF THE			
LATITUDE: 31 degrees 6 minutes	33 seconds LONGITUDI	E: 90 degrees 27 minutes 49 seconds G THE SITE: Tangipahoa River	
NEAREST NAMED RECEIVING STREA	M FOR STORM WATER LEAVIN	G THE SITE: Tangipahoa River	
IS RECEIVING STREAM ON MDEQ's	303(d) LIST?	YES NO	
IF YES, HAS A TMDL BEEN ESTABLIS	HED FOR THE RECEIVING STR	EAM SEGMENT? YES NO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)			
IS A COPY OF THE SWPPP AT THE PERM	HTTED SITE?	YES NO	
IS THE SWPPP UP-TO-DATE AND EFFEC IF NO, PLEASE ATTACH REQUIRED SWI		A STATE OF THE PARTY OF THE PAR	
	AUTO SALVAGE FACII	LITIES 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	O COMPLY WITH THE NEW PER	MIT? NO YES NO	
IS A REVISED COPY OF THE SWPPP ATT	ACHED?	N/A DYES DNO	
		1	
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.			
Chr		3/5/2021	
Signature <sup>1</sup>		Date	
Chris Racca		Environmental Manager	
Printed Name <sup>1</sup>		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, Mississippi 39225



WM of Mississippi, Inc. Pike County Transfer Station 1157 Highway 51 South Summit, MS 39666

March 5, 2021

Chief - Environmental Permits Division Mississippi Department of Environmental Quality Office of Pollution Control 515 East Amite Street Jackson, MS 39201

RE:

Industrial Stormwater General Permit Re-Coverage Form

Waste Management of Mississippi, Inc.

Pike County Transfer Station
Permit Coverage No. MSR002266

Pike County

As required by ACT 14 Condition No. T-2 of the previous Baseline Stormwater General Permit, please find enclosed the completed re-coverage forms as our intent to re-apply for coverage under the recently reissued Industrial Stormwater General Permit for the following facility:

## Waste Management of Mississippi, Inc. Pike County Transfer Station MSR002266

If you have any questions or require any additional information, please contact me at (318) 537-1530 or via email <a href="mailto:cracca@wm.com">cracca@wm.com</a>.

Sincerely,

Waste Management of MS, Inc.

Chris Racca

**Environmental Protection Manager** 

MAR 8 2021

MDEQ