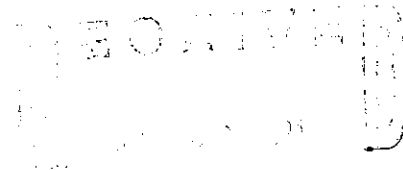


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March 24, 2021

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

RE: Baseline Stormwater Recoverage Form
Homan Industries
Fulton, Mississippi

Dear Sir or Madam:

Homan Industries is submitting for your review the enclosed Baseline Stormwater General Permit Recoverage Form for our facility located in Fulton, Mississippi.

If you should have any questions, please feel free to contact me at your convenience.

Sincerely,
Homan Industries

Larry Homan
President

Enclosure



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 1 9 9 5

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: Larry Homan, President

EMAIL ADDRESS: tristate@intop.net

COMPANY NAME: Homan Industries

STREET OR P.O. BOX: PO Box 39

CITY: Fulton STATE: MS ZIP: 38843

PHONE NUMBER (INCLUDE AREA CODE): 662-862-2125

FACILITY INFORMATION

FACILITY NAME: Homan Industries

CONTACT NAME & POSITION: Clint Randolph, Controller

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-862-2125

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2 4 2 1 Sawmills and Planing Mills

PHYSICAL SITE ADDRESS STREET: 105 Homan Road
 CITY: Fulton COUNTY: Itawamba ZIP: 38843
 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: 32 degrees 14 minutes 12 seconds LONGITUDE: -88 degrees 24 minutes 18 seconds
 NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Tombigbee River
 IS RECEIVING STREAM ON MDEQ's 303(d) LIST? YES 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 BE SUBMITTED TO MDEQ NO LATER THAN JANUARY 31, 2022.
 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 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.

Larry E Homan
Signature

03/24/2021
Date

Larry Homan
Printed Name

President
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