

A1: 6804



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 0 2 0 1

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:	Thomas E. Heanue, Executive Director		
EMAIL ADDRESS:	tom.heanue@flypib.com		
COMPANY NAME:	Hattiesburg-Laurel Regional Airport Authority		
STREET OR P.O. BOX:	1002 Terminal Drive		
CITY:	Moselle	STATE:	MS
		ZIP:	39459
PHONE NUMBER (INCLUDE AREA CODE):	601-545-3111, ext 11		

FACILITY INFORMATION

FACILITY NAME:	Hattiesburg-Laurel Regional Airport		
CONTACT NAME & POSITION:	Thomas E. Heanue, Executive Director		
CONTACT PHONE NUMBER (INCLUDE AREA CODE):	601-545-3111, ext 11		
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:	4 5 8 1 4581: Airports, Flying Fields, and Airport Terminal Services		

m - received 3.22.21

PHYSICAL SITE ADDRESS

STREET: 1002 Terminal Drive

CITY: Moselle COUNTY: Jones ZIP: 39459

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 degrees 28 minutes 9.4 seconds LONGITUDE: -89 degrees 19 minutes 34.8 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Leaf River

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☐ YES ☒ NOIF 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 ☐ NOIS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? ☒ YES ☐ NO
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).**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 ☐ NOIS 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.

Thomas E. Heanue
Signature¹

3-19-21
Date

Thomas E. Heanue
Printed Name¹

Executive Director
Title

¹This 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

7017 3380 0000 5004 7133

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 3380 0000 5004 7133
7017 3380 0000 5004 7133

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Airport SW Renewal

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

\$

Total Postage and Fees

\$

Sent To

OPC, EPD, MDEQ

Street an

PO Box 2261

City, State

Jackson, MS 39225

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Airport SW Renewal

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OPC, EPD, MDEQ
PO Box 2261
Jackson, MS 39225



9590 9402 5953 0062 7631 61

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



1002 Terminal Drive
Moselle, MS 39459
Phone (601) 545-3111
(601) 649-2444
FAX (601) 545-3155

March 19, 2021

CERTIFIED MAIL: 7017 3380 0000 5004 7133

Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
Office of Pollution Control
Post Office Box 2261
Jackson, Mississippi 39225

Re: **Industrial Storm Water Recoverage**
Hattiesburg Laurel Regional Airport Authority
AIID No. 6804 Permit No. MSR000201
Jones County

Chief:

Attached is the Industrial Storm Water General Permit Recoverage form for the above
reverenced facility. The Industrial Storm Water permit serves all operations on this site.

Should you have question please do not hesitate to contact me at 601-545-3111. We
appreciate your assistance in this matter.

Sincerely,

Thomas E. Heanue
Executive Director

Attachment – Industrial Storm Water Recoverage Form

RECEIVED
MAR 22 2021

MDEQ