



# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 0 4 0 4

## 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: Chad Massey, Manager

EMAIL ADDRESS: cmassey@megagate.com

COMPANY NAME: Robine & Welch Machine and Tool Company Inc

STREET OR P.O. BOX: P.O. Box 252

CITY: Laurel STATE: MS ZIP: 39441

PHONE NUMBER (INCLUDE AREA CODE): O: 601-425-1545 C: 601-433-1335

## FACILITY INFORMATION

FACILITY NAME: Robine & Welch Machine and Tool Company Inc

CONTACT NAME & POSITION: Chad Massey, Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): O: 601-425-1545 C: 601-433-1335

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
3 5 9 9 3599: Industrial and Commercial Machinery and Equipment

m

PHYSICAL SITE ADDRESS  
STREET: 3037 Ellenville Boulevard

CITY: Laurel

COUNTY: Jones

ZIP: 39441

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 degrees 39 minutes 29.4 seconds  
LONGITUDE: -89 degrees 09 minutes 54.6 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Tallahoma Creek

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?  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  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.

Signature  
*Freddy Welch*

Date  
3/19/21

Printed Name  
Freddy Welch

Title  
President

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,  
MIS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

7017 3380 0000 5004 7171  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL®**



7017 3380 0000 5004 7171  
 7017 3380 0000 5004 7171

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

*ROBINE + WELCH SW RENEWAL*

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Postmark Here

City: \_\_\_\_\_

Street: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

*ROBINE + WELCH SW RENEWAL*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>OPC, EPD, MDEQ          PO Box 2261          Jackson, MS 39225</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5953 0062 7626 38</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

# Robine & Welch Machine & Tool

3037 Ellisville Blvd.  
Laurel, Mississippi 39441  
Phone (601) 428-1545 • Fax (601) 426-3088

March 19, 2021

RECEIVED  
MAR 22 2021

Certified Mail Number: 7017 3380 0000 5004 7171

MDEQ

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

Re: **Robine & Welch Machine and Tool Company Inc.**  
**Industrial Storm Water Re-Coverage**  
**AIID No. 6778 Permit No. MSR000404**  
**Jones County**

Dear Chief:

Robine & Welch, hereby submits this Industrial storm water general permit re-coverage form for the above referenced facility. The Industrial storm water permit serves all operations on this site.

If you have questions or need additional information, please contact me or Jay Musgrove (601-818-3558) at your convenience. Thank you for your assistance in this matter.

Sincerely,



Chad Massey  
Manager

Attachment – Industrial Storm Water General Permit Re-Coverage Form