6996

CAS

Recd 3-25-21

INDUSTRIAL STORMWATER GENERAL PERMIT
RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00

GENERAL NPDES COVERAGE NO. MSR00 1 1 0 9

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: Sam Plake, District BaSE Manager

EMAIL ADDRESS: samplake@ups.com

COMPANY NAME: United Parcel Service

STREET OR P.O. BOX: 705 Massman Drive

CITY: Nashville **STATE:** TN **ZIP:** 37210

PHONE NUMBER (INCLUDE AREA CODE): 615-885-8469

FACILITY INFORMATION

FACILITY NAME: United Parcel Service-Laurel

CONTACT NAME & POSITION: Steven Archer, District Environmental Coordinator

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-966-1998

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

4215 Courier Services, except by Air

PHYSICAL SITE ADDRESS
STREET: 1858 Highway 184

CITY: Laurel **COUNTY:** Jones **ZIP:** 39443

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 **degrees** 41 **minutes** 50.02 **seconds** **LONGITUDE:** 89 **degrees** 04 **minutes** 32.64 **seconds**

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Dry Swamp Creek to Bogue Homo

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? Bogue Homo is ■ **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.

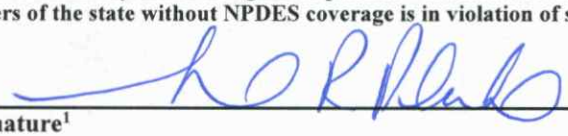
N/A

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[1]

03/10/21

Date

Sam Plake

Printed Name[1]

District BaSE Manager

Title

[1]**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

ONE WORLD RESOURCE
ENVIRONMENTAL CONSULTANTS

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

Subject:
Submittal of Industrial Stormwater General Permit Re-Coverage Form
United Parcel Service, Inc. – Laurel
1858 Highway 184
Laurel, Jones County, Mississippi 39443
MSR001109
Agency Interest ID: 6996

Date:
March 25, 2021

Contact:
Pam McIlwain

Phone:
225 266 7840

Email:
pam@owr-group.com

To Whom It May Concern:

On behalf of our client United Parcel Service, Inc. (UPS), One World Resource, LLC, hereby submits an Industrial Stormwater General Permit Re-Coverage Form (Attachment A) for the above-referenced facility.

If you have any questions regarding the content of this correspondence or other matters, please contact me at (225) 266-7840 or Mr. Steven Archer with UPS at (601) 966-1998.

Sincerely,

One World Resource, LLC

Pam McIlwain

Pam McIlwain
Principal Environmental Scientist

Copies:
Mr. Steven Archer, District Environmental Coordinator, UPS (electronic)

Attachment

ATTACHMENT A

Industrial Stormwater General Permit Re-Coverage Form