

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2 1 1 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: Kevin B. Savoy, Vice President	
EMAIL ADDRESS: KSZVOYD, Yellowood.com	
COMPANY NAME: Great Southern Wood Preserving, Inc.	
STREET OR P.O. BOX: P.O. BOX 610	
CITY: Abberile STATE: AL	ZIP: <u>36310</u>
PHONE NUMBER (INCLUDE AREA CODE): (334) 585-2290	
FACILITY INFORMATION	
FACILITY NAME:	
CONTACT NAME & POSITION: Dernik Weathersby, Production &	(znzgor
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 823-4865	
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF IN 2 4 9 1 Wood Preserving	DUSTRIAL ACTIVITY:

PHYSICAL SITE ADDRESS STREET: 111 Bayce Street		
• • • • • • • • • • • • • • • • • • • •	IP: 39601	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:	•	
LATITUDE: 31 degrees 35 minutes 48.7 seconds LONGITUDE: 90 degrees 26 minutes		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: E. Bogue	Chitto .	
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	⊠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).	XYES NO	
AUTO SALVAGE FACILITIES ONLY		
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BI MDEQ NO LATER THAN JANUARY 31, 2022.	E SUBMITTED TO	
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERMIT?	YES NO	
IS A REVISED COPY OF THE SWPPP ATTACHED?	YES NO	
T at Constant and the Character of the C		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervise system designed to assure that qualified personnel properly gathered and evaluated the information submitted. But person or persons who manage the system, or those persons directly responsible for gathering the information, the it to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties information, including the possibility of fines and imprisonment for knowing violations.	ed on my inquiry of the nformation submitted is,	
I further certify that I understand when coverage is terminated the facility is no longer authorized to discharge stori industrial activity under this general permit. I understand that discharging pollutants in storm water associated with waters of the state without NPDES coverage is in violation of state law.	m water associated with th industrial activity to	
_//X		
Signatūre¹ Date .		
Revis B. Saver Vice Preside	nt	
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 officer. 	rial.	
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