

## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

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

110014

## **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 (SWPPR) 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 (RET) 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" (RFI).

Do not submit this form if submitting a "No Exposure Certification."

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applies bie).

CONTACT NAME & POSITION: Tommy Griffith V.P. Global Operations  EMAIL ADDRESS: tommy.griffith@true-sports.com  COMPANY NAME: True Temper Sports  STREET OR P.O. BOX: P. O. Drawer E  CITY: Amory STATE: MS ZIP: 38821				
COMPANY NAME: True Temper Sports  STREET OR P.O. BOX: P. O. Drawer E				
STREET OR P.O. BOX: P. O. Drawer E				
CITY: Amory STATE: MS ZIP. 38821				
241, 0002				
PHONE NUMBER (INCLUDE AREA CODE): (662) 256-1776				
FACILITY INFORMATION				
FACILITY NAME: True Temper Sports				
CONTACT NAME & POSITION:Phil MangumEnvironmental ENgineer				
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 256-1706				
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  3949 Sporting and Athletic Goods (Golf Shafts)				

M- raceived via email 7.28.21

PHYSICAL SITE ADDRESS				
STREET: 931 True	Cemper Circle			
CITY: Amory	COUNTY:Monroe		ZIP: 38821	
PROVIDE THE COORDINAT	ES OF THE PLANT ENTRANG	CE:		
LATITUDE: 33 degrees		LONGITUDE: 88 degrees	29 minutes 03 seconds	
NEAREST NAMED RECEIVI	NG STREAM FOR STORM WA	TER LEAVING THE SITE: Tri	butary - Round House	
IS RECEIVING STREAM OF	MDEQ's 303(d) LIST?	Brañch	YES X NO	
IF YES, HAS A TMDL BEEN	ESTABLISHED FOR THE REC	CEIVING STREAM SEGMENT?		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT	THE PERMITTED SITE?		Y YES NO	
IS THE SWPPP UP-TO-DATE A IF NO, PLEASE ATTACH REQU	ND EFFECTIVE IN CONTROLL IIRED SWPPP AMENDMENTS (	ING STORM WATER POLLUTAN (see Instructions on front page).	VTS? X YES NO	
AUTO SALVAGE FACILITIES ONLY				
FOR AUTO SALVAGE FACILIT MDEQ NO LATER THAN JANU	TES A DEVICED CUIDDD TO OC	OMPLY WITH THE NEW PERMIT	MUST BE SUBMITTED TO	
DOES THE SWPPP REQUIRE C	HANGES TO COMPLY WITH T	HE NEW PERMIT?	☐ YES ☐ NO	
IS A REVISED COPY OF THE ST	WPPP ATTACHED?		TYES TNO	
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 industrial activity under this gener waters of the state without NPDES	when coverage is terminated the fa al permit. I understand that disch coverage is in violation of state lav		octated with industrial activity to	
Signature <sup>1</sup>	· \			
		Date		
Tommy Griffith Printed Name <sup>1</sup>			Operations	
<ul> <li>For a partnership, by a general for a sole proprietorship.</li> </ul>	sponsible corporate officer. neral partner. by the proprietor	rmit, as follows: xecutive officer, mayor, or ranking e	jected official	
After signing please mail to:	Chief, Environmental Permits D			

## Taue Temper. Sports

P. O. Drawer E Highway 25 South Amory, MS 38821

662-256-5605 662-256-3955 Fax

Friday, January 29, 2021

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

Ref: Re-Coverage of Mississippi Industrial Storm Water General Permit MSR110014 for True Temper Sports located in the city of Amory, Monroe County Mississippi

Ms. Bass

Attached is the completed Re-Coverage Form for coverage under the Mississippi Reissued Industrial Storm Water General Permit.

If I may be of any further assistance please feel free to contact me at one of the following number:

Office: (662) 256-1706

Cell phone: (662) 231-2179

Sincerely

Philip L Mangum

True Temper Sports

**Environmental Engineer**