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Dept. of Environmental Quality

BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE ÑO. MSR00 0187___

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Baseline General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 45 days of the date of the Letter of Instruction for Re-Coverage.

The signatory of this form must be the owner or operator who is the current coverage recipient (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be 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 Baseline 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: owner/operator x facility (please check one)

| COVERAGE RECIPIENT INFORMATION | | | | |
|--|---------------------------------|-------------|--|--|
| CONTACT NAME & POSITION: Henry H. G | unter, III Secretary | | | |
| COMPANY NAME: Columbus Machine & Welding Works, Inc. | | | | |
| STREET OR P.O. BOX:P. O. BOX 2403 | | | | |
| CITY:Columbus | STATE: MS | ZIP: 39704 | | |
| PHONE NUMBER 662 328-8473 | EMAIL: gina@columbusmachineandv | welding.com | | |

Enter an address or location: 807 moss street, columbus, ms



You entered: 807 moss street, columbus, ms

The Google geocoder found:

| | imbus, MS 39701, USA | |
|----------------------|-------------------------------|--|
| street address: | 807 Moss St | |
| ZIP/postal code: | 39701 | |
| city: | Columbus | |
| county/district: | Lowndes | |
| state/province: | MS | |
| country: | USA | |
| latitude, longitude: | 33.505427, -88.403842 | |
| | 33.505427 -88.403842 | |
| | N33° 30.3256', W088° 24.2305' | |
| | (precision: address) | |

Return to the main GPS Visualizer page

SP Every Trail Guides

Print or download travel guides to your iPhone or GPS: Skyline to the Sea Trail • Hiking the Grand Canyon Rim to Rim Half Dome • The Boston Freedom Trail • Upper Yosemite Falls Hike • Lands End, San Francisco • Angel Island State Park • Cataract Trail Loop in Marin County • Coyote Creek Loop at Henry Coe State Park • Half Moon Bay Coastal Trail Bay Area Wildflower Hikes • Bay Area Scenic Drives • Sunol Wilderness • Stanford Dish Hike • Grand Canyon: Kaibab • Bright Angel Trail • The Grand Canyon Rim Trail • Best Bay Area Backpacking • The High Sierra Trail • Best Bay Area Day Hikes • Great Hikes in the Grand Canyon • Queen's Garden Trail, Bryce Canyon Utah • Berry Creek Falls Loop at E Basin Redwoods State Park • and more...

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FACILITY INFORMATION

| The state of the s | | The state of the s | | |
|--|--|--|--|--|
| FACILITY NAME: Columbus Machine & Welding Works, Inc. | | | | |
| CONTACT NAME & POSITION: Henry H. Gunter, III Secretary | | | | |
| CONTACT PHONE NUMBER (662) 328-8473 EMAIL: gina@columbusmachineandwelding.com | | | | |
| PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: | | | | |
| 3 5 5 9 Job Shop | | | | |
| PHYSICAL SITE ADDRESS: STREET: 807 Moss Street | | | | |
| CITY: Columbus | COUNTY: Lowndes | ZIP: 39701 | | |
| PROVIDE THE COORDINATES | OF THE PLANT ENTRANCE: See attache | d Geocoder Information | | |
| LATITUDE:degrees minutes seconds LONGITUDE: degrees minutes seconds | | | | |
| NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Luxapallila Creek | | | | |
| IS RECEIVING STREAM ON M | DEQ's 303(d) LIST? | TYES X NO | | |
| HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO | | | | |
| ALLO IA ALVADE DELLA, EL | | | | |
| STORM WATER POLLUTION PREVENTION PLAN (SWPPP) | | | | |
| 1. IS A COPY OF THE SWPPP AT | THE PERMITTED SITE? | X YES NO | | |
| | | | | |
| 2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? X YES NO IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page). | | | | |
| 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 fine 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. December 7, 2015 | | | | |
| Signature ¹ | | December 7, 2015 | | |
| | | | | |
| Henry H. Gunter, II | | Secretary | | |
| Printed Name ¹ | T | itle | | |
| For a corporation, by a responsible For a partnership, by a general partnership, by the partnership | artner. | 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 | | | |