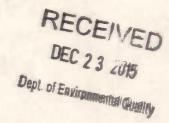
AI#1966

BECKY





BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 9 3 1

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 malic	ed to:	Lacility (please check one)		
COVERAGE RECIPIENT INFORMATION				
CONTACT NAME & POSITION: Darlayne Byrd				
COMPANY NAME: Headrick Sign Comany				
STREET OR P.O. BOX: One Freedom Square				
CITY: Laurel	STATE: MS	ZIP: <u>39440</u>		
PHONE NUMBER (601) 649-1977	EMAIL: darlayne@headricks.com	m		

FACILITY INFORMATION

FACILITY NAME: Headrick Si	on Company		
CONTACT NAME & POSITION:		-1 (A) 1/1	Red To Table
CONTACT PHONE NUMBER 601		arlayne@headricks.com	
	RIAL CLASSIFICATION (SIC) COD	E & DESCRIPTION OF INDUS	STRIAL ACTIVITY:
3 9 9 3 Metal and Met	al Fabricators		
PHYSICAL SITE ADDRESS:	STREET: 1117 West 81	h Street	
CITY: Laurel	COUNTY: Jones		ZIP: 39440
PROVIDE THE COORDINATES	OF THE PLANT ENTRANCE:		
LATITUDE: 31 degrees 41	minutes 52.0 seconds LON	NGITUDE: 89 degrees 08	minutes 29.7 seconds
NEAREST NAMED RECEIVING	STREAM FOR STORM WATER LE	AVING THE SITE: Tallahall	a Creek
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?		✓ YES NO	
HAS A TMDL BEEN ESTABLISH	S A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?		YES NO
STORN	4 WATER POLLUTION PRE	VENTION PLAN (SWPI	PP)
			_
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?		✓ YES NO	
	AND EFFECTIVE IN CONTROLLING OUIRED SWPPP AMENDMENTS (see I		S? VES NO
system designed to assure that qualification or persons who manage the systhe best of my knowledge and belief, information, including the possibility. I further certify that I understand when the system is the system of the system of the system.	is document and all attachments were project personnel properly gathered and evaluatem, or those persons directly responsibilities, accurate and complete. I am aware of fine and imprisonment for knowing voten coverage is terminated the facility is permit. I understand that discharging poverage is in violation of state law.	uated the information submitted. de for gathering the information, that there are significant penaltic iolations. no longer authorized to discharge	Based on my inquiry of the the information submitted is, to as for submitting false storm water associated with d with industrial activity to
Darlayne Byrd Printed Name ¹		Safety Director, Re	esponsible official
 For a corporation, by a responsib For a partnership, by a general partnership, by the partnership, by the partnership. 	artner.		ial.
After signing please mail to:	Chief, Environmental Permits Division MS Department of Environmental Qu P.O. Box 2261 Jackson, Mississippi 39225		

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Phone (601)649-1977 / Fax (601) 425-4732 www.headricks.com

December 21, 2015

CERTIFIED MAIL: 7010 1870 0002 2215 7616

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

Re: Headrick Sign Company
Baseline Re-Coverage
Ref. No. MSR001931
Metal and Metal Fabricators Branch
Jones County

DEC 2 3 2015
Dept. of Environmental Quality

Chief:

Headrick Sign Company, hereby submits this Baseline storm water general permit recoverage form for the above referenced facility. The baseline storm water permit serves all operations on this site.

If you have any questions please call me at (601) 649-1977.

Sincerely, Bullye Boul

Darlayne Byrd Safety Director

Attachments: Baseline Storm Water General Permit Re-Coverage Form

