

AI #1966

Becky

MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITYRECEIVED  
DEC 23 2015  
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 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 mailed to: ☒ owner/operator ☐ facility (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: 39440

PHONE NUMBER (601) 649-1977

EMAIL: darlayne@headricks.com

## FACILITY INFORMATION

FACILITY NAME: Headrick Sign Company

CONTACT NAME & POSITION: Darlayne Byrd

CONTACT PHONE NUMBER (601) 649-1977

EMAIL: darlayne@headricks.com

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

3 9 9 3 Metal and Metal Fabricators

PHYSICAL SITE ADDRESS:

STREET: 1117 West 8th Street

CITY: Laurel

COUNTY: Jones

ZIP: 39440

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 degrees 41 minutes 52.0 seconds

LONGITUDE: 89 degrees 08 minutes 29.7 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Tallahalla Creek

IS RECEIVING STREAM ON MDEQ's 303(d) LIST?

☒ YES

☐ NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?

☐ YES

☒ NO

## STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?

☒ YES

☐ NO

2. 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).

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.

Darlayne Byrd  
Signature

12/21/2015  
Date

Darlayne Byrd

Printed Name

Safety Director, Responsible official

Title

<sup>1</sup>This form shall be signed according to ACT14, 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



**HEADRICK**  
SIGNS & GRAPHICS  
INCORPORATED

One Freedom Square Laurel, MS 39440-3367  
Phone (601) 649-1977 / Fax (601) 425-4732 [www.headricks.com](http://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**

**RECEIVED**  
**DEC 23 2015**  
Dept. of Environmental Quality

Chief:

Headrick Sign Company, hereby submits this Baseline storm water general permit re-coverage 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,

Darlayne Byrd  
Safety Director

Attachments: Baseline Storm Water General Permit Re-Coverage Form



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mississippi Department of Environmental Quality  
Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225-2261

2. Article Number  
(Transfer from service label)

7010 1870 0002 2215 7616

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

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Here

Sent To

Street, Apt. No.  
or PO Box No.  
City, State, ZIP

Mississippi Department of Environmental Quality  
Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225-2261

PS Form 3800

PLACE THE TOP OF THIS LABEL IN THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT NOTCH LINE.  
**CERTIFIED MAIL™**



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