

AI #10546



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

Scott
RECEIVED
JAN - 6 2016
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 0041

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: David Walker President
COMPANY NAME: Southern Barks, Inc.
STREET OR P.O. BOX: P. O. Box 724
1313 W. College
CITY: Wiggins, MS 39577 STATE: _____ ZIP: _____
PHONE NUMBER: (601) 928-7171 EMAIL: Southernbarksinc@gmail.com

FACILITY INFORMATION

FACILITY NAME: Southern Barks, Inc.

CONTACT NAME & POSITION: David Walker

CONTACT PHONE NUMBER (601) 928-7171 EMAIL: southernbarksinc@gmail.com

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2499 Processing Pine Bark Mulch

PHYSICAL SITE ADDRESS: STREET: 1313 W College Ave.

CITY: Wiggins COUNTY: Stone ZIP: 39577

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 degrees 51 minutes 32.64 seconds LONGITUDE: 89 degrees 9 minutes 15.67 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Four Mile 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.

David Walker
 Signature¹

1/4/16
 Date

David Walker
 Printed Name¹

Pres
 Title

¹This 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

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY



**BASELINE STORM WATER GENERAL PERMIT
COVERAGE NUMBER (MSR00 0041)
ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPP EVALUATION REPORT
(FOR INDUSTRIAL STORM WATER ACTIVITY)**

Results of the inspections required by ACT 18 of this permit shall be recorded on this report form and submitted annually (postmarked no later than the 28th day of January for the preceding calendar year). Copies of all completed forms shall be retained with the SWPP. Inspections must be performed monthly. The first submission of the Annual Site Inspection and SWPP Evaluation Report Form (due no later than January 28, 2015) shall be deemed to be a notification that the coverage recipient intends to seek coverage under a renewed Baseline Storm Water General Permit. Procedures for obtaining recapture are outlined in the general permit. The coverage number must be listed at the top of all Site Inspection Report Forms.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: Southern Barks Inc. FACILITY NAME: _____
 PHYSICAL SITE ADDRESS: 1313 West College Ave
 CITY: Wiggins
 CONTACT PERSON: David Walker
 MAILING ADDRESS: P.O. Box 744
 CITY: Wiggins
 CONTACT PHONE NUMBER: 601-928-7171
 STATE: MS ZIP: 39577

INSPECTION DOCUMENTATION

DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	ANY DEFICIENCIES?	IF YES, WERE CORRECTIVE ACTIONS TAKEN?	INSPECTOR(S)
1-30-15		Yes	No	(942) Walker
3/20/15		Yes	No	
3/6/15		Yes	No	
4/1/15		Yes	No	
5/10/15		Yes	No	
7/24/15		Yes	No	
8/10/15		Yes	No	
10/5/15		Yes	No	
11/3/15		Yes	No	
12/15/15		Yes	No	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary):

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary):

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment control have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the BNOI and SWPPP information on file with MDEQ is up to date.

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.

Authorized Signature: Robert Walker
 Printed Name: Robert Walker
 Title: Spec. Insp.
 Date: 1/5/16

Chief, Environmental Compliance and Enforcement Division
 MDEQ, Office of Pollution Control
 P.O. Box 2261
 Jackson, Mississippi 39225

Please submit this form to:

Walker's phone - 601-961-5504
 Walker's fax - 601-961-5274
 Revised: 09/30/10