

PII #55244

Tracy



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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JAN - 6 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 2 0 1 8

## 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: Bill Hoffart, Facility Manager  
COMPANY NAME: Wis-Pak of Hattiesburg, LLC  
STREET OR P.O. BOX: 2 W.L. Runnels Industrial Dr.  
CITY: Hattiesburg STATE: Mississippi ZIP: 39401  
PHONE NUMBER (601) 544-7200 EMAIL: hoffartb@wis-pak.com

FACILITY INFORMATION

FACILITY NAME: Wis-Pak of Hattiesburg, LLC
CONTACT NAME & POSITION: Bill Hoffart, Facility Manager
CONTACT PHONE NUMBER (601) 544-7200 EMAIL: hoffartb@wis-pak.com
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 2 0 8 6 Bottled Water Manufacturing
PHYSICAL SITE ADDRESS: STREET: 2 W.L. Runnels Industrial Drive
CITY: Hattiesburg COUNTY: Forrest ZIP: 39401
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 31 degrees 16 minutes 4.05 seconds LONGITUDE: -89 degrees 15 minutes 52.4 seconds
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: ditch to Priest's Creek
IS RECEIVING STREAM ON MDEQ's 303(d) LIST? [ ] YES [x] NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? [ ] YES [x] NO

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? IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page). [x] YES [ ] NO

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.

Signature: Bill Hoffart

Date: 12-17-2015

Printed Name: BILL HOFFART

Title: FACILITY MGR

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

**ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPPP EVALUATION REPORT  
(FOR INDUSTRIAL STORM WATER ACTIVITY)**



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

**PERMIT NUMBER MS R 0 0 2 0 1 8**

Results of the inspections required by the above referenced individual 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 SWPPP. Inspections must be performed monthly. The individual permit number must be listed at the top of this form.

Electronic reporting of this information is also available by following the instructions on MDEQ's webpage at: <https://endx.deq.state.ms.us>

**PERMITTEE INFORMATION**

COMPANY NAME: Wis-Pak FACILITY NAME: Wis-Pak of Hattiesburg, LLC  
 PHYSICAL SITE ADDRESS: 2 W.L Runnels Industrial Drive  
 CITY: Hattiesburg COUNTY: Forrest  
 CONTACT PERSON: Jeff Priegnitz CONTACT PHONE NUMBER: 601-544-7200  
 MAILING ADDRESS: 2 W.L Runnels Industrial Dr CITY: Hattiesburg STATE: MS ZIP: 39401

**INSPECTION DOCUMENTATION**

DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	ANY DEFICIENCIES?		IF YES, WERE CORRECTIVE ACTIONS TAKEN?		INSPECTOR(S)
		Yes	No	Yes	No	
01/16/15	10:15am		✓			Wayne Moorer
02/06/15	7:16 am		✓			Jason Ducksworth
03/13/15	8:22 am		✓			Wayne Moorer
04/10/15	1:21 pm		✓			Wayne Moorer
05/08/15	9:06 am		✓			Wayne Moorer
06/12/15	10:01 am		✓			Wayne Moorer
07/31/15	7:27 am		✓			Richard Ball
08/29/15	7:00 am		✓			Richard Ball
09/26/15	11:05 am		✓			James Bond
10/30/15	7:20 am		✓			James Bond
11/30/15	1:50 pm		✓			James Bond
12/21/15	9:05 a.m.		✓			Wayne Moorer

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 industrial storm water best management practices (BMPs) and erosion and sediment controls 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 permit application 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.

Jeff Priegnitz  
 Authorized Signature (see signatory requirements in permit)  
Jeff Priegnitz  
 Printed Name

1-4-16  
 Date  
Quality Assurance Manager  
 Title

Please submit this form to: Chief, Environmental Compliance and Enforcement Division  
 MDEQ, Office of Pollution Control  
 P.O. Box 2261  
 Jackson, Mississippi 39225