AT#14791





INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1433

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Industrial Stormwater General Permit. This form must be completed and returned to the address printed at the bottom of page 2.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is 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 Industrial Stormwater 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 INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

COVERAGE RECIPIENT INFORMATION	
CONTACT NAME & POSITION: David Atherton	EHSDirector
EMAIL ADDRESS: datherton a columbus rec	ycling.com
company name: Columbus Recycling	
STREET OR P.O. BOX: PO BOX 8670	
CITY: COLUMBUS STATE MS	ZIP: 39705
PHONE NUMBER (INCLUDE AREA CODE): (502) 637-7657	
FACILITY INFORMATION	
FACILITY NAME: Columbus Scrop Material, IV	nc.
CONTACT NAME & POSITION: 1/ a AA - C C a L	
CONTACT NAME & POSITION: Ken Mansfield	Manager
CONTACT PHONE NUMBER (INCLUDE AREA CODE):	
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPT 5093 Metal Recycling 50	TON OF INDUSTRIAL ACTIVITY: =rept Waste Materials



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PHYSICAL SITE ADDRESS 973 Island Rd.		
CITY: <u>Columbus</u> county: <u>Loundes</u> <u>zip: 39705</u>		
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:		
LATITUDE: 33 degrees 29 minutes 20 seconds LONGITUDE: 8 degrees 4 minutes 4 seconds		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Tenn-Ton Water		
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?		
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES YES		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?		
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).		
AUTO SALVAGE FACILITIES ONLY		
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BE SUBMITTED TO MDEQ NO LATER THAN JANUARY 31, 2022.		
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERMIT?		
IS A REVISED COPY OF THE SWPPP ATTACHED?		
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.		
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 ¹ Date		
David Atherton EHS Director		
Printed Name ¹ EHS Director Title		

P.O. Box 2261 Jackson, Mississippi 39225

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