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INDUSTRIAL STORMWATER GENERAL PERMIT
RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 0 2 8 0

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: Robert Maner

EMAIL ADDRESS: rmaner@columbusbrick.com

COMPANY NAME: Columbus Brick Company

STREET OR P.O. BOX: PO Box 9630

CITY: Columbus STATE: MS ZIP: 39705

PHONE NUMBER (INCLUDE AREA CODE): (662) 328-4931

FACILITY INFORMATION

FACILITY NAME: Columbus Brick Company

CONTACT NAME & POSITION: Japa Castro, Plant Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 328-4931

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
3251 Manufacture of clay brick.

m

PHYSICAL SITE ADDRESS STREET: 114 Brickyard Road

CITY: Columbus COUNTY: Lowndes ZIP: 39701

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 33 degrees 30 minutes 55.4 seconds LONGITUDE: -88 degrees 24 minutes 56.8 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Luxapallila

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☐ YES ■ NO

IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ■ NO

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

IS A COPY OF THE SWPPP AT THE PERMITTED SITE? ■ YES ☐ NO

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).

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? ☐ YES ☐ NO

IS A REVISED COPY OF THE SWPPP ATTACHED? ☐ 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 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.

Robert D. Maner — Signature[1]

3/4/2021 — Date

Robert Maner — Printed Name[1]

General Manager — Title

[1]This form shall be signed according to ACT16, 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