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MAR 3 0 2021

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0017 ____

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).

<u> </u>	COVERAGE RECIPIENT INFORMATION	71 4512	ar profession of the
CONTACT NAME & POSITION: 1	oseph Nash - Environmental	- 14 	the contract of the contract o
EMAIL ADDRESS: joe.janenv	rironmental@gmail.com	- 4	1-6
COMPANY NAME: PSP, Mon	otech of Mississippi - luka		1
STREET OR P.O. BOX: 27 CR 3	342		
CITY: luka		ZIP: 38	852
PHONE NUMBER (INCLUDE AREA	CODE): 503-860-1729		

FACILITY INFORMATION FACILITY NAME: PSP Monotech of Mississippi - luka CONTACT NAME & POSITION: Joseph Nash - Environmental CONTACT PHONE NUMBER (INCLUDE AREA CODE): 503-860-1729 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 3441 Fabricated Structural Metal

CITY: Luka COUNTY: Tishomingo PROVIDE THE COORDINATES OF THE PLANT ENTRANCE: LATITUDE: 34 degrees 95 minutes 30 seconds LONGITUDE NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING IS RECEIVING STREAM ON MDEQ'S 303(d) LIST? IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM STORM WATER POLLUTION PREVENT	: 88 degrees 25 minute G THE SITE: Hubbard I	P: 38852 es 02 seconds Branch NO
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IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STRE		
	EAM SEGMENT? YES	□ NO
STORM WATER POLITION PREVEN		NU
STORM WATER TOLLOTTEN EVEN	TION 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 VIF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions		YES NO
AUTO SALVAGE FACIL	ITIES ONLY	
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH MDEQ NO LATER THAN JANUARY 31, 2022.	THE NEW PERMIT MUST BE	SUBMITTED TO
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PER	MIT?	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 system designed to assure that qualified personnel properly gathered and evaluated person or persons who manage the system, or those persons directly responsible for to the best of my knowledge and belief, true, accurate and complete. I am aware that information, including the possibility of fines and imprisonment for knowing violation.	the information submitted. Bas gathering the information, the at there are significant penalties	sed on my inquiry of the information submitted i
I further certify that I understand when coverage is terminated the facility is no long industrial activity under this general permit. I understand that discharging pollutar waters of the state without NPDES coverage is in violation of state law.		
(HBhuh	March 25, 2021	
Signature	Date	
Joseph Nash	Environmental	
Printed Name ¹	Title	_
This form shall be signed according to ACT16, T-9 of the General Permit, as follow 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 office. After signing please mail to: Chief, Environmental Permits Division,		īcial.

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