

1964



# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 1 9 3 1

## 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 Lowery, Plant Manager

EMAIL ADDRESS: robert@headricks.com

COMPANY NAME: Headrick Sign Company, Inc.

STREET OR P.O. BOX: One Freedom Square

CITY: Laurel STATE: MS ZIP: 39440

PHONE NUMBER (INCLUDE AREA CODE): 601-649-1977

## FACILITY INFORMATION

FACILITY NAME: Headrick Sign Company, Inc.

CONTACT NAME & POSITION: Robert Lowery, Plant Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): Office: 601-649-1977 Cell: 601-323-7077

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
3 9 9 3 3993: Signs and Advertising Specialties

m

**PHYSICAL SITE ADDRESS**

STREET: 1117 West 8th Street

CITY: Laurel COUNTY: Jones ZIP: 39440**PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:**LATITUDE: 31 degrees 41 minutes 52.0 seconds LONGITUDE: -89 degrees 08 minutes 29.7 secondsNEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Tallahalla CreekIS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☒ YES ☐ NOIF 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 ☐ NOIS 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 ☐ NOIS 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.

Signature<sup>1</sup>

Date

Robert Lowery

Plant Manager

Printed Name<sup>1</sup>

Title

<sup>1</sup>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.

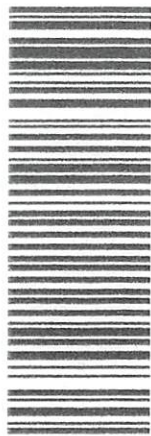
After signing please mail to: Chief, Environmental Permits Division,  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225



7017 2400 0001 1424 7628

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7017 2400 0001 1424 7628

7017 2400 0001 1424 7628

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.Handwritten: *Handwritten* **ORIGINAL USE**

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent

OPC, EPD, MDEQ

Street

PO Box 2261

City, State

Jackson, MS 39225

Postmark  
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

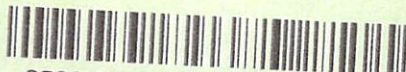
See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OPC, EPD, MDEQ  
PO Box 2261  
Jackson, MS 39225



9590 9402 3555 7305 9100 14

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt





One Freedom Square Laurel, MS 39440-3367  
Phone (601)649-1977 / Fax (601) 425-4732 [www.headricks.com](http://www.headricks.com)

March 19, 2021

CERTIFIED MAIL: 7017 2400 001 1424 7628

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

RECEIVED  
MAR 22 2021

MDEQ

Re: **Headrick Sign Company**  
**Industrial Storm Water Re-Coverage**  
**Ref. No. MSR001931**  
**Jones County**

Chief:

Headrick Sign Company, hereby submits this Industrial storm water general permit re-coverage form for the above referenced facility. The industrial storm water permit serves all operations on this site.

If you have any questions, please call me at (601) 649-1977.

Sincerely,

Robert Lowery  
Plant Manager

Attachments: Industrial Storm Water General Permit Re-Coverage Form

