

Rec'd 3-31-21

## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 1 0 6 1

msR110161

## 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: Leonard J	ohnson - Corporate EHS Speciali	st	
EMAIL ADDRESS:   ljohnson@armstrongf	looring.com		
COMPANY NAME: Armstrong Flooring, In	nc.		
STREET OR P.O. BOX: 1085 Highway 80	West		
CITY: Jackson	STATE: MS	ZIP: 39204	
PHONE NUMBER (INCLUDE AREA CODE): (717) 415-8822			
FACILITY INFORMATION			
FACILITY NAME: Armstrong Flooring, I	nc.		
CONTACT NAME & POSITION: Brandon Peringer - O	perations Menager		
	(662) 285-7142		
CONTACT PHONE NUMBER (INCLUDE ARE	(A CODE): (002) 203-7 142		
PRIMARY STANDARD INDUSTRIAL CLASS 3996 Resilient Floor Covering Menufacturing	SSIFICATION (SIC) CODE & DESCR	IPTION OF INDUSTRIAL ACTIVITY:	

PHYSICAL SITE ADDRESS STREET: 1085 Highway 80 West				
CITY: Jackson	_COUNTY: Hinds		ZIP: 39204	
PROVIDE THE COORDINATES	OF THE PLANT ENTRANCE:			
LATITUDE: 32 degrees 17	minutes 17 seconds LON	GITUDE: degrees minu	tes 12 seconds	
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Lynch Creek				
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 T	HE PERMITTED SITE?		YES NO	
	D EFFECTIVE IN CONTROLLING : RED SWPPP AMENDMENTS (see In		YES NO	
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		ig ponutants in storm water associated t	With industrial activity to	
Seomac Bonuss	<u> </u>	3/24/202	2 (	
Signature <sup>1</sup>		Date		
Leonard Johns	3N	(orporate EH	is Specialist	
Printed Name <sup>1</sup>		Title		
<ul> <li>This form shall be signed according to ACT16, T-9 of the General Permit, as follows:         <ul> <li>For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.</li> </ul> </li> </ul>				
After signing please mail to:	Chief, Environmental Permits Division MS Department of Environmental Q P.O. Box 2261 Jackson, Mississippi 39225			



160 Upton Drive Jackson, MS 39209 Phone: 601.922.0766 www.semsinc.net

March 24, 2021

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

RE:

SEMS Project No. 1260-0007

Industrial Stormwater General Permit Re-Coverage Form

General Permit Coverage No. MSP090736

Armstrong Flooring, Inc., 1085 Highway 80 West, Jackson, Mississippi

## Dear Chief:

On behalf of Armstrong Flooring, Inc., Southern Environmental Management & Specialties, Inc. (SEMS) is pleased to provide you with the enclosed Industrial Stormwater General Permit Re-Coverage Form for Armstrong Flooring, Inc., 1085 Highway 80 West, Jackson, Mississippi, Permit No. MSP090736.

Please review the attached form and contact me should you require additional information at 922-0766.

Sincerely,

Brian E. Smith, P.E.

Vice President & Director of Consulting Services

BES/IIm

Attachment



Dept. of Environmental Quality