



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 2 1 5 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: Ronald Parker, Vice President

EMAIL ADDRESS: landshapersinc@cablone.net rtp062766@aol.com

COMPANY NAME: Land Shaper, Inc.

STREET OR P.O. BOX: P.O. Box 995

CITY: Gulfport STATE: MS ZIP: 39502

PHONE NUMBER (INCLUDE AREA CODE): O: 228-863-8996 C: 228-323-2753

FACILITY INFORMATION

FACILITY NAME: Land Shaper Inc., Main Office/Facility

CONTACT NAME & POSITION: Ronald Parker, Vice President

CONTACT PHONE NUMBER (INCLUDE AREA CODE): O: 228-863-8996 C: 228-323-2753

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
3 5 3 1 3531 Construction Machinery and Equipment

PHYSICAL SITE ADDRESS
STREET: 10217 Three Rivers Road

CITY: Gulfport

COUNTY: Harrison

ZIP: 39503

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 degrees 26 minutes 0.9 seconds LONGITUDE: -89 degrees 05 minutes 15 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Bernard Bayou

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.

Signature: *Ronald Parker*

Date: 3-19-21

Printed Name: Ronald Parker

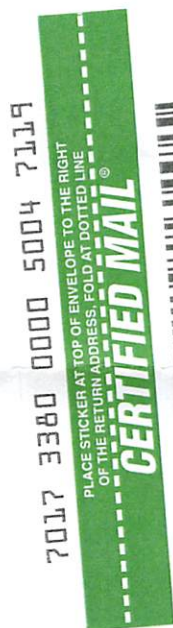
Title: Vice President

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



7017 3380 0000 5004 7119
7017 3380 0000 5004 7119

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com

LANDSHAPPEL MAIN OFFICE
Storm Water

Certified Mail Fee \$

Extra Services & 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 To **OPC, EPD, MDEQ**
PO Box 2261
Street and **Jackson, MS 39225**
City, State

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

LANDSHAPPEL STORM WATER RETURNED MAIN OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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.	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: OPC, EPD, MDEQ PO Box 2261 Jackson, MS 39225	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 5953 0062 7631 85	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



Land Shaper, Incorporated

P.O. Box 995 • 39502

10217 Three Rivers Road • 39503

Gulfport, Mississippi

Phone (228) 863-8996 • Fax (228) 868-8878

March 19, 2021

Certified Mail Number: 7017 3380 0000 5004 7119

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

RECEIVED
MAR 22 2021

MDEQ

Re: **Industrial Storm Water Recoverage Form**
10217 Three Rivers Road, Gulfport, MS 39503
AIID# 64341 | Industrial GP# MSR002150

Dear Chief:

Land Shaper, Inc. is submitting the attached Industrial storm water general permit recoverage form for the above referenced facility. The Industrial storm water permit serves all operations on this site.

If you have questions or need additional information, please contact me or Jay Musgrove (601-818-3558) at your convenience. Thank you for your assistance in this matter.

Sincerely,

Ronald Parker
Vice President

Attachment – Industrial Storm Water Recoverage Form