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SEP 13 2021

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 Q 9 8 Q

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: TAMES	R. MATTHEWS , PRES	IDENT		
	HEWSAUTOPARTS @ GMAIL.	COM (LOWER CASE)		
COMPANY NAME: MATTHEWS AUT				
STREET OR P.O. BOX: 4404 HWY	61 S.,			
CITY: VICKSBURG	STATE: MISSISSIPPI	ZIP: <u>39/80</u>		
PHONE NUMBER (INCLUDE AREA CODE): 601-638-9393				
FACILITY INFORMATION	1			
FACILITY NAME: <u>MATTHEWS</u> As	UTO PARTS, INC.			
CONTACT NAME & POSITION: JAMES	S R. MATTHEWS PRESIDENT	<i>T</i>		
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-638-9393				
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:				

				
PHYSICAL SITE ADDRESS STREET: 4404	HWY GIS.		•	
CITY: <u>VICKSBURG</u>	COUNTY: WARREN	ZI	P: <u>39180</u>	
PROVIDE THE COORDINATES	OF THE PLANT ENTRANCE:			
LATITUDE: <u>32</u> degrees <u>/5</u>	minutes <u>33</u> seconds LONGITUDE	E:- <u>90</u> degrees <u>55</u> minut	es <u> </u>	
NEAREST NAMED RECEIVING	STREAM FOR STORM WATER LEAVIN	ig the site: <u>HENNE 9 S</u>	EYS BAYOU	
IS RECEIVING STREAM ON N	ADEQ's 303(d) LIST?	YES	NO	
IF YES, HAS A TMDL BEEN ES	TABLISHED FOR THE RECEIVING STR	EAM SEGMENT? YES	NO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT TI	HE PERMITTED SITE?		YES NO	
	DEFFECTIVE IN CONTROLLING STORM VER INSTRUCTION OF THE STORM VER INSTRUCTION OF THE STORM OF THE		YES PO	
	AUTO SALVAGE FACIL	ITIES ONLY		
FOR AUTO SALVAGE FACILITIE MDEQ NO LATER THAN JANUA	ES, A REVISED SWPPP TO COMPLY WITH	200 1 1 1 1	E SUBMITTED TO	
DOES THE SWPPP REQUIRE CH	ANGES TO COMPLY WITH THE NEW PER	RMIT?	YES NO	
IS A REVISED COPY OF THE SW	PPP 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 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.				
[ames Attaut	hours	9-8-21		
Signature ¹		Date		
JAMES R MATI	THEWS	PRESIDENT	ž	
Printed Name ¹		Title		
 For a corporation, by a res For a partnership, by a ger For a sole proprietorship, l 	ieral partner.		ĩcial.	
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Quality, O P.O. Box 2261 Jackson, Mississippi 39225	ffice of Pollution Control		