



STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR



STORM WATER BASELINE RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE STORM WATER GENERAL NPDES PERMIT MSR00

INSTRUCTIONS

THE APPLICANT MUST BE THE OWNER OR OPERATOR (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). THE OWNER OR OPERATOR THAT RECEIVES COVERAGE IS RESPONSIBLE FOR PERMIT COMPLIANCE.

THE SUBMITTAL OF THIS FORM IS REQUIRED TO RECEIVE COVERAGE UNDER THE NEW BASELINE GENERAL PERMIT. 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 HAS A REGULATED INDUSTRIAL ACTIVITY, PLEASE REQUEST TERMINATION OF COVERAGE BY COMPLETING THE FORM FOUND ON PAGE 18 OF THE GENERAL PERMIT. ALL MANUFACTURED PRODUCTS, BY-PRODUCTS, RAW MATERIALS, STORED CHEMICALS, RESIDUALS, SOLID AND LIQUID WASTE MUST BE REMOVED FROM THE PREMISES OR BE CONSISTANT WITH "NO EXPOSURE" REQUIREMENTS (SEE PERMIT, PAGE 19, FORM X). FACILITIES THAT CONTINUE TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITY TO WATERS OF THE STATE WITHOUT NPDES PERMIT COVERAGE ARE IN VIOLATION OF STATE LAW.

FACILITIES WITH STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY ARE NOT REQUIRED TO OBTAIN RE-COVERAGE IF THERE IS "NO EXPOSURE" OF INDUSTRIAL MATERIALS AND ACTIVITIES TO RAIN AND/OR RUNOFF. FACILITIES CLAIMING "NO EXPOSURE" ARE REQUIRED TO SUBMIT WRITTEN CERTIFICATION THAT A CONDITION OF "NO EXPOSURE" EXISTS. THIS CERTIFICATION IS FOUND ON PAGE 19 OF THE GENERAL PERMIT.

THIS RECOVERY FORM IS NOT REQUIRED TO BE SUBMITTED IF THE FACILITY IS SUBMITTING A REQUEST FOR TERMINATION OF COVERAGE OR A NO EXPOSURE CERTIFICATION.

MAIL CORRESPONDENCE TO OWNER/OPERATOR ADDRESS OR FACILITY/SITE ADDRESS (PLEASE CIRCLE ONE). ALL INFORMATION REQUESTS MUST BE ANSWERED (Answer "N/A" if not applicable).

OWNER/OPERATOR INFORMATION (CIRCLE ONE OR BOTH)

CONTACT NAME & POSITION: LTC ROBERT A. RAZZA

COMPANY NAME: Mississippi Military Dept

STREET (P.O. BOX): 1410 RIVERSIDE DR

CITY: JACKSON

STATE: Mississippi

ZIP: 39296

PHONE NUMBER (INCLUDE AREA CODE): 601-313-6228

FACILITY/SITE INFORMATION

COVERAGE NUMBER: MSR 001383 (This coverage number must be completed with your specific number which is located at the bottom left of your expired Certificate of Coverage.)

FACILITY NAME: FMS #13

CONTACT NAME & POSITION: CLAYTON KROHN (SHOP CHIEF)

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 228-863-4531

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

1699 TRUCK REPAIR

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: 2124 33RD AVE

CITY: GULFPORT COUNTY: HARRISON ZIP: 39501

NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE WILL ENTER: TURKEY CREEK

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? (YES ☒ NO ☐)
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? (YES ☒ NO ☐)
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS.

I CERTIFY THAT THE PROJECT CONTINUES AS DESCRIBED IN THE ORIGINAL NOTICE OF INTENT.

I FURTHER 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.

I FURTHER CERTIFY THAT I UNDERSTAND WHEN COVERAGE IS TERMINATED I AM 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

Date Signed

Printed Name

Title

¹This application for re-coverage shall be signed according to the General Permit, Part V.E., 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:

Environmental Permits Division, Office of Pollution Control
P.O. Box 10385 Jackson, MS 39289-0385