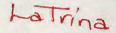
\$ #9170







## BASELINE STORM WATER GENERAL PERMIT **RE-COVERAGE FORM**

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 8 7 0

#### INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Baseline General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

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. The visual assessment and training sections of your SWPPP will probably need to be updated to adhere to permit requirements (see ACT8, S-1 and ACT12, S-1 and S-2). These updates do NOT need to be submitted to MDEO.

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 Baseline 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).

The Certificate of Coverage sh	ould be mailed to: 📝 owner/operate	or facility (please check one)
	COVERAGE RECIPIENT INFORM	ATION
CONTACT NAME & POSITION: Lar	ry Bonds, Owner	
COMPANY NAME: Bonds Company	ny, Inc.	
STREET OR P.O. BOX: PO Box 47		
CITY: Burnsville	STATE: Ms.	ZIP: <u>38833</u>
PHONE NUMBER (INCLUDE AREA C	CODE): <u>(662) 427-9581</u>	

### **FACILITY INFORMATION**

FACILITY NAME: Booneville Plant Site				
CONTACT NAME & POSITION: Larry Bonds, Owner				
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) - 427-9581				
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:				
2 9 5 1 Inactive Hot Mix Asphalt	Plant, with aggregate stockpiles and no chemica	ls stored on site.		
PHYSICAL SITE ADDRESS: STREET: 1801 East Chambers Drive				
CITY: Booneville COUNTY: I	ZIP: 38829			
PROVIDE THE COORDINATES OF THE PLA	INT ENTRANCE:			
LATITUDE: 34 degrees 39 minutes 42	seconds LONGITUDE: 88 degrees 32	minutes 7 seconds		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Mile Branch				
IS RECEIVING STREAM ON MDEQ's 303(d	YES NO			
IF YES, HAS A TMDL BEEN ESTABLISHE	YES NO			
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
1. IS A COPY OF THE SWPPP AT THE PERM	ITTED SITE?	YES NO		
2. IS THE SWPPP UP-TO-DATE AND EFFECT	TVE IN CONTROLLING STORM WATER POLLUTANT PP AMENDMENTS (see Instructions on front page).			
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.				
CX OB	11			
Signature Signature	Nov 20 20	ગ(		
Lace of Bout	Date Owner			
Printed Name	Title			
This form shall be signed according to ACT14, T-9  For a corporation, by a responsible corporate of  For a partnership, by a general partner.  For a sole proprietorship, by the proprietor.  For a municipal, state or other public facility, by		nł.		
	conmental Permits Division, ment of Environmental Quality, Office of Pollution Control 161			

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Jackson, Mississippi 39225



# State of Mississippi Department of Environmental Quality Office of Pollution Control

## Certificate of Permit Coverage

under Mississippi's Baseline Storm Water General NPDES Permit

Be it known

Bonds Company Incorporated Burnsville, Mississippi

having submitted an acceptable Baseline Notice of Intent, is hereby granted this Certificate of Permit Coverage in order to discharge storm water associated with industrial activity from the operation of

> Bonds Company Incorporated, Booneville Receiving Stream: Unnamed ditch into Mile Branch Prentiss County

Coverage No: MSR001870

Date of Coverage: December 2, 2008

Date of Modification: February 25, 2009

Date First Inspection Report is due January 28, 2009

Date Coverage Expires: September 30, 2010

Chief. General Permits Branch