

AI #1839



RECEIVED  
JAN 20 2021

# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 1333

## 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: Lance Taylor (Safety)  
EMAIL ADDRESS: ltaylor@dwservices.com  
COMPANY NAME: Deep Well Energy Services llc  
STREET OR P.O. BOX: 6739 Hwy184  
CITY: Waynesboro STATE: MS ZIP: 39367  
PHONE NUMBER (INCLUDE AREA CODE): 601-735-2855

## FACILITY INFORMATION

FACILITY NAME: Deep Rock Disposal Services llc  
CONTACT NAME & POSITION: Woody Farrar Terminal Manger  
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-735-2855  
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
saw mill operations, trucking terminal for log and sawmill operations.

*Handwritten signature or initials in red ink.*

**PHYSICAL SITE ADDRESS**

**STREET:** 6739 Hwy184

**CITY:** Waynesboro **COUNTY:** Wayne **ZIP:** 39367

**PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:**

**LATITUDE:** 31 degrees 40 minutes 36 seconds **LONGITUDE:** 88 degrees 40 minutes 19 seconds

**NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE:** Chickasawhay River

**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?  
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).**  YES  NO

**AUTO SALVAGE FACILITIES ONLY**

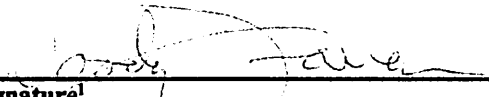
**FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BE SUBMITTED TO MDEQ NO LATER THAN JANUARY 31, 2022.**

**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 coverage is in violation of state law.**

  
\_\_\_\_\_  
**Signature<sup>1</sup>**

01-13-2021  
\_\_\_\_\_  
**Date**

Woody Farrar  
\_\_\_\_\_  
**Printed Name<sup>1</sup>**

Terminal Manager  
\_\_\_\_\_  
**Title**

<sup>1</sup>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,  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# Storm Water Pollution Prevention Plan (SWPPP) Certification Form for Individual NPDES Permit Reissuance

## INSTRUCTIONS

This form shall be attached to the NPDES Form 2F (or other required form) for reissuance of the individual NPDES Permit.

The current individual NPDES Permit requires a SWPPP to be maintained and implemented at the site. If the SWPPP is no longer current or does not effectively control storm water pollutants at the facility, a revised SWPPP shall be submitted to MDEQ as an attachment to the NPDES Form 2F (or other required form) submitted for reissuance of the individual permit.

## STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

- |    |   |                                     |     |                          |    |
|----|---|-------------------------------------|-----|--------------------------|----|
| 1. | IS A COPY OF THE SWPPP AT THE PERMITTED SITE?   | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. | IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | 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.

Woody Farrar  
Signature

01-13-2021  
Date

Woody Farrar  
Printed Name

Manager  
Title

<sup>1</sup> This form shall be signed according to 11 Miss. Admin. Code Pt. 6, Ch. 1, 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.