



**FOAM PACKAGING, INC.**

P. O. BOX 1075 -- HIGHWAY 61 SOUTH  
VICKSBURG, MISSISSIPPI 39181  
PHONE (601) 638-4871

RECEIVED  
DEC 23 2024  
Dept. of Environmental Quality

December 20, 2024

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

Dear Permitting Chief,

Enclosed, please find our re-coverage form for our Industrial Storm Water General NPDES Permit number MSR002337.

Please let me know if I need to provide any additional information.

Sincerely,

Tom Isaac

At: 8148



# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 2 2 3 7

## 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: Tom Isaac, Environmental Coordinator  
EMAIL ADDRESS: tisaac@foam-packaging.com  
COMPANY NAME: Foam Packaging, Inc.  
STREET OR P.O. BOX: 35 Stennis Drive  
CITY: Vicksburg STATE: MS ZIP: 39180  
PHONE NUMBER (INCLUDE AREA CODE): 601-638-4871

## FACILITY INFORMATION

FACILITY NAME: Foam Packaging, Inc.  
TOM ISAAC ENVIRONMENTAL COORDINATOR  
CONTACT NAME & POSITION: Tom Isaac Environmental Coordinator

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-638-4871

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
3 0 8 6 Plastics Foam Products (Polystyrene Foam Products) PLASTICS (POLYSTYRENE FOAM PRODUCTS)

*oe*

**PHYSICAL SITE ADDRESS**

STREET: 35 Stennis Drive 35 Stennis DRIVE

CITY: Vicksburg COUNTY: Warren ZIP: 39180

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

LATITUDE: 32 degrees 15 minutes 27.3 seconds LONGITUDE: 90 degrees 55 minutes 16.06 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Hennessey's 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? N/A  YES  NO

IS A REVISED COPY OF THE SWPPP ATTACHED? N/A  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.

Tom Isaac  
Signature<sup>1</sup>

12/19/2024  
Date

Tom Isaac (OFFICER)  
Printed Name<sup>1</sup>

Environmental Coordinator  
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