

AI # 1724

Bradley

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Dept. of Environmental Quality



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 0 6 6 8

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 45 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 (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be 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 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: owner/operator facility (please check one)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Lt John P. Garrett, Environmental Manager

COMPANY NAME: MSANG, 186th Air Refueling Wing

STREET OR P.O. BOX: 6225 M Street

CITY: Meridian STATE: MS ZIP: 39307

PHONE NUMBER (601) 484-9809 EMAIL: john.p.garrett37.mil@mail.mil

FACILITY INFORMATION

FACILITY NAME: Key Field Air National Guard Base, MSANG 186th Air Refueling Wing

CONTACT NAME & POSITION: Lt John P. Garrett, Environmental Manager

CONTACT PHONE NUMBER (601) 484-9809 EMAIL: john.p.garrett37.mil@mail.mil

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
9 7 1 1 Municipal and Private Facilities

PHYSICAL SITE ADDRESS: STREET: 6225 M Street

CITY: Meridian COUNTY: Lauderdale ZIP: 39307

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: 32 degrees 20 minutes 39.6 seconds LONGITUDE: -88 degrees 44 minutes 31.4 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Okatibbee Creek

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? YES NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO

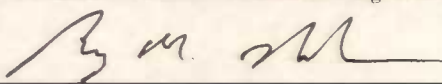
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

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 (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 fine 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

10 Dec 15

 Date

Col Billy M. Nabors, Commander

 Printed Name

186 ARW Commander

 Title

- ¹This form shall be signed according to ACT14, 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

REQUISITION AND INVOICE/SHIPPING DOCUMENT

OMB No. 0704-0246

The public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0246). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

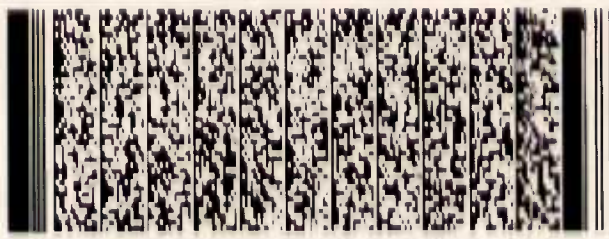
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

1. FORM (Include ZIP Code) FB6241 186 ARW LGR LGRDD CP 601 484 9220 6225 M ST BLDG 705 MERIDIAN MS 39307	4. APPROVAL NUMBER AA 5743840 584 41E9 342430 010000 46200 51411F 667100 F67100	5. REQUEST DATE 12/14/2015	6. REQUISITION NUMBER FB62415348X500XXX
	7. DATE/TIME OF PICKUP 12/15/2015 12:00:00 AM	8. PHONE	9. AUTHORITY OR PURPOSE JOHN P GARRETT
2. TO (Include ZIP Code) Chief Environmental Permits Division Ms DEQ Office of Pollution Control 515 E Amite Street Jackson, Ms 39201	10. SIGNATURE	11. CONTACT NAME (If different from 9)	12. CONTACT PHONE NUMBER 186th LRS
3. SHIP TO (Include ZIP Code) CHIEF ENVIRONMENTAL PERMITS DIVISION MA DEQ OFFICE OF POLLUTION CONTROL 0000000000000000	13. DATE SHIPPED (MM/DD/YYYY)	14. TIME OF SHIPPED	15. AIR FREIGHT/REGISTRATION/POSTAGE/INSURANCE NO.

4. APPROVAL NUMBER: AA 5743840 584 41E9 342430 010000 46200 51411F 667100 F67100

ITEM	FEDERAL STOCK NUMBER, DESCRIPTION AND COMING OF MATERIAL AND/OR STOCK NO.	UNIT OR	QUANTITY	SUPPLY AGENCY	TYPE	COMPARER	UNIT PRICE	TOTAL COST
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1	NNSN PERMIT Dimension: Length: - in., Width: - in., Height: - in., Weight: - lb.	EA	1		BX			
This shipment does not contain any classified, sensitive, protective or hazardous material.								

16. TRANSPORTATION VIA AMC OR MSC CHARGEABLE TO: 17. SPECIAL HANDLING:

18. RECAPITULATION OF SHIPMENT	ISSUED BY	TOTAL	TYPE	DESCRIPTION	TOTAL	TOTAL	19. RECEIPT	COMPLETED RECEIVED EXCEPT AS	DATE (MM/DD/YYYY)	BY	SHEET TOTAL
	CHECKED BY			See line item detail (column b) for Piece Data.				CLEARANCE RECEIVED	DATE (MM/DD/YYYY)	BY	GRAND TOTAL
	PACKED BY							POSTED	DATE (MM/DD/YYYY)	BY	20. RECEIVER'S POLICER NO.
<----- TOTAL ----->											

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