



# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 1 3 0 4

## 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: Sam Newbill, Director of Environmental, Health and Safety  
EMAIL ADDRESS: snewbill@hoodindustries.com  
COMPANY NAME: Hood Industries, Inc.  
STREET OR P.O. BOX: 1978 Hood Blvd, Suite 100  
CITY: Hattiesburg STATE: MS ZIP: 39401  
PHONE NUMBER (INCLUDE AREA CODE): 601-264-2962

## FACILITY INFORMATION

FACILITY NAME: Hood Industries, Inc.  
CONTACT NAME & POSITION: Jesse Ferguson, Plant Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-762-0018

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2 4 3 Softwood Veneer and Plywood

**PHYSICAL SITE ADDRESS**

**STREET:** 1945 South First Street

**CITY:** Wiggins **COUNTY:** Stone **ZIP:** 39577

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

**LATITUDE:** 30 degrees 49 minutes 40 seconds **LONGITUDE:** 89 degrees 07 minutes 30 seconds

**NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE:** Church House Creek

**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?**  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.**



Signature<sup>1</sup>

Sam Newbill

Printed Name<sup>1</sup>

2/3/2021

Date

Director of EHS

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