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MDEQ

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 2 3 6 6

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: James Sayles, CHMM, Assoc. Dir. EHS

EMAIL ADDRESS: james_sayles@baxter.com

COMPANY NAME: Baxter Healthcare Corporation

STREET OR P.O. BOX: 911 N. Davis Ave.

CITY: Cleveland STATE: MS ZIP: 38732

PHONE NUMBER (INCLUDE AREA CODE): (662) 846-5920

FACILITY INFORMATION

FACILITY NAME: Baxter Healthcare Corporation

CONTACT NAME & POSITION: James Sayles, CHMM, Assoc. Dir. EHS

CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 846-5920

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2034 Pharmaceutical Preparations

m

PHYSICAL SITE ADDRESS

STREET: 911 N. Davis Ave.

CITY: Cleveland COUNTY: Bolivar ZIP: 38732

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 33 degrees 45 minutes 51.9 seconds LONGITUDE: 90 degrees 42 minutes 57.7 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Leads 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? 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.

Betsy Aguzzi
Signature¹

09/28/2021
Date

Betsy Aguzzi
Printed Name¹

Site Director
Title

¹This 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

Baxter

October 28, 2021

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

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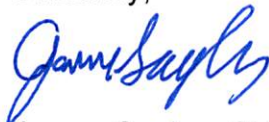
Subject: Industrial Stormwater General Permit
Re-Coverage Form
Baxter Healthcare Site
911 N. Davis Ave., Cleveland, MS
Coverage

Dear Sir/Madam:

Enclosed please find Baxter Healthcare's Industrial Stormwater General Permit Re-Coverage Form. Due to circumstances caused by COVID-19 and personnel issues associated with it, an oversight was made, and the Re-Coverage Form was not submitted by the required submittal date.

Should you have any questions please do not hesitate to contact me at (662) 846-5920 or Pierce Epes, P.E., with Epes Environmental and Consulting, PLLC at (662) 473-8901.

Sincerely,



James Sayles, CHMM
Associate Director
UCAN EHS&S Cluster Lead

Enclosures