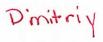
AI #12010





RECEIVED JAN 2 1 2016

Dept. 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 1 8 1 7

## 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	e mailed to: owner/opera	tor  facility (please check one)
COVE	RAGE RECIPIENT INFORM	MATION
CONTACT NAME & POSITION: COL Grego	ory S. Michel	
COMPANY NAME: MSARNG Training C	enter Shelby	
STREET OR P.O. BOX: 1001 Lee Avenue		
CITY: Camp Shelby	STATE: MS	ZIP: 39401
PHONE NUMBER (601) 558-2764	EMAIL: gregory.s.michel.mil@mail.mil	

## **FACILITY INFORMATION**

FACILITY NAME: MSARNG Training Center Shelby			
CONTACT NAME & POSITION: MAJ Cindy W. King Environmental Officer			
CONTACT PHONE NUMBER (60th) 558-2897 EMAIL: cindy.w.king.mil@mail.mil			
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:			
7 6 9 9 Repair shops and related services			
PHYSICAL SITE ADDRESS: STREET: Avenue C BLDG 6530			
CITY: Camp Shelby COUNTY: Forrest ZIP: 39407			
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:			
LATITUDE: 89 degrees 14 minutes 57 seconds LONGITUDE: 31 degrees 11 minutes 68 seconds			
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Hartfield Creek, Davis Creek			
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?			
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 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 understand when goverage 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 goverage is in violation of state law.  Signature  Title  This 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 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