



## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR86 1 10 2 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: Genevieve Lunce Ford
EMAIL ADDRESS: Genevieve. C. Lunceford@ modine com
COMPANY NAME: Modine Granada CCP
STREET OR P.O. BOX: 100 Heat craft Drive
CITY: Grenada STATE: MS ZIP: 38901
PHONE NUMBER (INCLUDE AREA CODE): 662 229 - 4000
FACILITY INFORMATION
FACILITY NAME: Modine Grenada CCP
CONTACT NAME & POSITION: Genevieve Lunceford EHS Managet
CONTACT PHONE NUMBER (INCLUDE AREA CODE):
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:



શાહા માટે જે વિશ્વસ્થાનું કે લોકે મનું ક્ષાએટ પાર્ટ મેટલ પાટ છે. the factor of the second of and the comprehensive to the first order to the complete of th a lateral digneral from the side of the second state of the second secon 化电影电影 医乳腺管 医二氏氏管外腺膜炎 医乳管管 

PHYSICAL SITE ADDRESS				
STREET: 600	Heateraft	Drive		
CITY: Grenada	COUNTY:	Grenada		zip: 38901
PROVIDE THE COORDINAT	ES OF THE PLAN	T ENTRANCE:		
LATITUDE: 33 degrees 4	9 minutes 21.75 s	econds LONGITU	DE: <u>C89</u> degrees <u>47</u>	minutes_59.70seconds
NEAREST NAMED RECEIVE	ng stream for	STORM WATER LEAV	ING THE SITE: Rive	rdale Creek
IS RECEIVING STREAM OF	MDEQ's 303(d)	LIȘT?		YES X NO
IF YES, HAS A TMDL BEEN	ESTABLISHED FO	OR THE RECEIVING ST	REAM SEGMENT?	
STOR	RM WATER PO	DLLUTION PREVE	NTION PLAN (SV	VPPP)
IS A COPY OF THE SWPPP AT	THE PERMITTED	SITE?		MVES NO
IS THE SWPPP UP-TO-DATE A IF NO, PLEASE ATTACH REQU	ND EFFECTIVE IN TRED SWPPP AME	CONTROLLING STORM ENDMENTS (see Instruction	WATER POLLUTANT	S; XES NO
4-		O SALVAGE FACI		٨
FOR AUTO SALVAGE FACILITY MDEQ NO LATER THAN JANU	TES, A REVISED C	WPPP TO COMPLY WITH	THE NEW PERMIT N	IUST BE SUBMITTED TO
DOES THE SWPPP REQUIRE C	HANGES TO COM	PLY WITH THE NEW PE	RMIT?	TYES TNO
IS A REVISED COPY OF THE S	WPPP ATTACHED	?		□ YES □NO
T				
I certify under ponalty of law that system designed to assure that quaperson or persons who manage the to the best of my knowledge and be information, including the possibili	system, or those per	sons directly responsible fo	r gathering the informati	ted. Based on my inquiry of the
I further certify that I understand industrial activity under this gener waters of the state without MPDES	when coverage is ter al permit. I uoderst coverage is in violuti	minated the facility is no loo and that discharging polluts on of state law.	nger authorized to discha ants in storm water assoc	rge storm water associated with lated with industrial activity to
	•			
Signature <sup>1</sup>			1/12/20	121
			Date	
Kyan Trince			Director of	Operations - CIS
The contract of			Title	
This form shall be signed according For a corporation, by a re For a partnership, by a ge	sponsible corporate (	le General Permit, as folloy officer.	ys:	
For a sole proprietorship, For a municipal, state or a	by the proprietor. ther public facility, I	oy principal executive office	r. mavar presiding -l	stad official
After signing please mail to:	Chief, Environment of MS Department of	tal Permits Division, Environmental Quality, Q		
	P.O. Box 2261 Jackson, Mississip			

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