



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 321343

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: Joe W. Reed, Jr						
EMAIL ADDRESS: joereedco@yahoo.com						
COMPANY NAME: _Joe Reed & & Co., Inc.						
STREET OR P.O. BOX: P.O. Box 145						
CITY: Boyle STATE:	MS ZIP: 38730					
PHONE NUMBER (INCLUDE AREA CODE): (662) 721-8200						
FACILITY INFORMATION						
FACILITY NAME: Joe Reed & Company Class I Rubbish Site	_					
CONTACT NAME & POSITION: Joe W. Reed, JR						
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 84	43-2139					
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC	C) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:					



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PHYSICAL SITE ADDRESS STREET: 1130 White Street					1
CITY: Cleveland	_COUNTY:	Bolivar		ZIP:	38732
PROVIDE THE COORDINATES	OF THE PLANT	ENTRANCE:			
LATITUDE: 33 degrees 43	minutes 39 sec	onds LONGITUDE:	90 degrees _	43 minutes	29 seconds
NEAREST NAMED RECEIVING	G STREAM FOR S	TORM WATER LEAVING	THE SITE:	Otter Lake Ba	iyou
IS RECEIVING STREAM ON	MDEQ's 303(d) Ll	IST?		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 T	HE PERMITTED S	ITE?			YES NO
IS THE SWPPP UP-TO-DATE AN IF NO, PLEASE ATTACH REQUI		그 이 그는 그리고 그리고 그렇게 그리고 있다면 하는데 그리고 있다면 그리고 있다면 그리고 있다면 그리고 있다.		NTS?	YES NO
AUTO SALVAGE FACILITIES ONLY					
FOR AUTO SALVAGE FACILITI MDEQ NO LATER THAN JANUA		VPPP TO COMPLY WITH TH	E NEW PERMI	T MUST BE S	UBMITTED TO
DOES THE SWPPP REQUIRE CE	IANGES TO COMP	LY WITH THE NEW PERMI	Т?		YES NO
IS A REVISED COPY OF THE SW	VPPP ATTACHED?	1			YES NO
I certify under penalty of law that t	his document and all	attachments were prepared up	ider my directio	n or supervisio	n in accordance with a
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.					
(m. K/)	<u>C</u>		1	7.1-14-	- 20
Signature ¹			Date	4./-//-	
Joe W. Reed,	JR		Owne	er	
Printed Name ¹			Title		
This form shall be signed according For a corporation, by a ree For a partnership, by a ge For a sole proprietorship, For a municipal, state or o	sponsible corporate on neral partner. by the proprietor.		nayor, or rankin	g elected officia	al.
After signing please mail to:		ntal Permits Division, f Environmental Quality, Office pi 39225	e of Pollution Co	entrol	

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