

AI: 15250



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1884 _ _

RECEIVED
MAR 8 2021

MDEQ

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: Chris Racca - Environmental Protection Manager

EMAIL ADDRESS: cracca@wm.com

COMPANY NAME: Coastal Recyclers Landfill, LLC

STREET OR P.O. BOX: 14339 Hudson Krohn Road

CITY: Biloxi STATE: MS ZIP: 39532

PHONE NUMBER (INCLUDE AREA CODE): 318-537-1530

FACILITY INFORMATION

FACILITY NAME: Coastal Recyclers Landfill, LLC - Coastal Recyclers Landfill

CONTACT NAME & POSITION: Sam Williams - District Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 228-284-6678

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
4953 4953 - Refuse Systems

ml

PHYSICAL SITE ADDRESS
STREET: 14339 Hudson Krohn Road

CITY: Biloxi COUNTY: Harrison ZIP: 39532

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 degrees 29 minutes 47 seconds LONGITUDE: 88 degrees 56 minutes 36 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Howard Creek then into Tchoutacabouffa River

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?
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page). YES NO

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? N/A YES NO

IS A REVISED COPY OF THE SWPPP ATTACHED? N/A 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.


Signature¹

3/5/2021
Date

Chris Racca
Printed Name¹

Environmental Manager
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



Coastal Recyclers Landfill, LLC
Coastal Recyclers Landfill
14339 Hudson Krohn Rd.
Biloxi, MS 39532

March 5, 2021

Chief - Environmental Permits Division
Mississippi Department of Environmental Quality
Office of Pollution Control
515 East Amite Street
Jackson, MS 39201

RE: Industrial Stormwater General Permit Re-Coverage Form
Coastal Recyclers Landfill, LLC
Coastal Recyclers Landfill
Permit Coverage No. MSR001884
Harrison County

As required by ACT 14 Condition No. T-2 of the previous Baseline Stormwater General Permit, please find enclosed the completed re-coverage forms as our intent to re-apply for coverage under the recently reissued Industrial Stormwater General Permit for the following facility:

Coastal Recyclers Landfill, LLC
Coastal Recyclers Landfill
MSR001884

If you have any questions or require any additional information, please contact me at (318) 537-1530 or via email cracca@wm.com.

Sincerely,
Waste Management of MS, Inc.

A handwritten signature in blue ink, appearing to read 'CRACCA'.

Chris Racca
Environmental Protection Manager

RECEIVED
MAR 8 2021

MSD