

AI # 12218

Tommy



MISSISSIPPI DEPARTMENT 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 4 0 1

## 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 mailed to:  owner/operator  facility (please check one)

## COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: David Mitchell; Mill Manager

COMPANY NAME: Timber Products Company

STREET OR P.O. BOX: 2701 South Harper Road

CITY: Corinth

STATE: MS

ZIP: 38834

PHONE NUMBER (662) 603-7168

EMAIL: dmitchel@ser.timberproducts.com

Dept. of Environmental Quality

DEC 17 2015

RECEIVED

**FACILITY INFORMATION**

**FACILITY NAME:** Timber Products Company

**CONTACT NAME & POSITION:** David Mitchell; Mill Manager

**CONTACT PHONE NUMBER** (662) 603-7168      **EMAIL:** dmitchel@ser.timberproducts.com

**PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:**  
2 4 3 5 Hardwood veneer and plywood

**PHYSICAL SITE ADDRESS:**                      **STREET:** 2701 South Harper Street

**CITY:** Corinth                      **COUNTY:** Alcorn                      **ZIP:** 38834

**PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:**

**LATITUDE:** 34 degrees 54 minutes 27.6 seconds                      **LONGITUDE:** 88 degrees 31 minutes 29.6 seconds

**NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE:** Bridge Creek

**IS RECEIVING STREAM ON MDEQ's 303(d) LIST?**                       YES       NO

**HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?**                       YES       NO

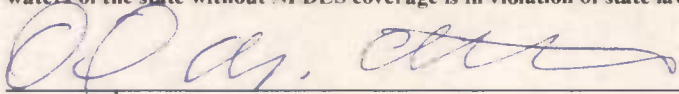
**STORM WATER POLLUTION PREVENTION PLAN (SWPPP)**

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       NO  
 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 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.

  
 \_\_\_\_\_  
 Signature<sup>1</sup>

12/14/2015  
 \_\_\_\_\_  
 Date

David Mitchell  
 \_\_\_\_\_  
 Printed Name<sup>1</sup>

Mill Manager  
 \_\_\_\_\_  
 Title

- <sup>1</sup>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 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