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Dept. of Environmental Quality



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 1585

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: Darrell Harp Jr. Owner

COMPANY NAME: ATLAS Mfg Co Inc

STREET OR P.O. BOX: 51 Dow Dr

CITY: Tremont STATE: MS ZIP: 38876

PHONE NUMBER: 662-652-3900 EMAIL: atlasmgf@hotmail.com

FACILITY INFORMATION

FACILITY NAME: ATLAS Mfg Co Inc
 CONTACT NAME & POSITION: Darrell Harp Jr Owner
 CONTACT PHONE NUMBER 662 652 3900 EMAIL: atlasmfg@hotmail.com
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
3523 FARM MACHINERY & EQUIPMENT
 PHYSICAL SITE ADDRESS: STREET: 51 Dow Dr.
 CITY: Tremont COUNTY: Itawamba ZIP: 38876
 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: 34 degrees 13 minutes 21 seconds LONGITUDE: 88 degrees 15 minutes 60 seconds
 NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: BULL MOUNTAIN 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.

Darrell Harp Jr
 Signature

12-21-15
 Date

DARRELL HARP JR.
 Printed Name

owner President
 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 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

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

**BASELINE STORM WATER GENERAL PERMIT
 COVERAGE NUMBER (MSR00 1 5 8 5)
 ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPPP EVALUATION REPORT
 (FOR INDUSTRIAL STORM WATER ACTIVITY)**

Results of the inspections required by ACT8 of this permit shall be recorded on this report form and submitted annually (postmarked no later than the 28th day of January for the preceding calendar year). Copies of all completed forms shall be retained with the SWPPP. Inspections must be performed monthly. The last submittal of the Annual Site Inspection and SWPPP Evaluation Report Form (due no later than January 28, 2015), shall be deemed to be a notification that the coverage recipient intends to seek coverage under a reissued Baseline Storm Water General Permit. Procedures for obtaining recovegrage are outlined in the general permit. The coverage number must be listed at the top of all Site Inspection Report Forms.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: ATLAS Manufacturing Company FACILITY NAME: ATLAS Manufacturing Company
 PHYSICAL SITE ADDRESS: 51 Dow Drive
 CITY: Tremont COUNTY: Itawamba
 CONTACT PERSON: Darrell Harp CONTACT PHONE NUMBER: (662) 652-3900
 MAILING ADDRESS: 51 Dow Drive CITY: Tremont STATE: MS ZIP: 38876

INSPECTION DOCUMENTATION

DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	ANY DEFICIENCIES?		IF YES, WERE CORRECTIVE ACTIONS TAKEN?		INSPECTOR(S)
		Yes	No	Yes	No	
01/12/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
02/16/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
03/02/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
04/16/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
05/26/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
06/15/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
07/22/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
08/19/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
09/29/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
10/26/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
11/18/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS
12/08/15	08:00 AM		✓		✓	Jenny Peoples, ATLAS

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): _____

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): _____

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the BNOI and SWPPP information on file with MDEQ is up to date.

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.

Darrell Harp
 Authorized Signature
Darrell Harp
 Printed Name

12-21-15
 Date
President
 Title

Please submit this form to: Chief, Environmental Compliance and Enforcement Division
 MDEQ, Office of Pollution Control
 P.O. Box 2261
 Jackson, Mississippi 39225