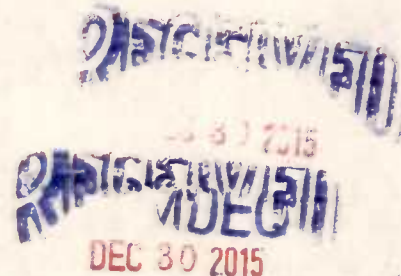


MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY**BASELINE STORM WATER GENERAL PERMIT  
RE-COVERAGE FORM****FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
BASELINE GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 1 6 0 8****INSTRUCTIONS**

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: Rob Garber/ VP of OperationsCOMPANY NAME: Checkers Industrial Safety ProductsSTREET OR P.O. BOX: 620 Compton StreetCITY: Broomfield STATE: CO ZIP: 80020PHONE NUMBER (800) 438-9336 EMAIL: rgarber@checkersindustrial.com

## FACILITY INFORMATION

FACILITY NAME: Superior Manufacturing Group - Moselle Division

CONTACT NAME & POSITION: Andre Dufrene - Quality Assurance Manager

CONTACT PHONE NUMBER (601) 544-8119 EMAIL: andred@notrax.com

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

3 0 7 9 Misc Plastic Products

PHYSICAL SITE ADDRESS: STREET: 133 Superior Drive

CITY: Moselle COUNTY: Jones ZIP: 39459

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 degrees 27 minutes 23 seconds LONGITUDE: 89 degrees 19 minutes 32 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Leaf River

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

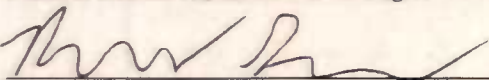
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ☐ NO

## 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

Robert Garber  
Printed Name

12/22/2015  
Date

Vp Operations  
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



DEC 30 2015  
MDEQ

## Responsible Official/Duly Authorized Representative Identification Form

(The following page is to be used for specifying facility contacts)

Facility Name: Superior Manufacturing Group Facility Number: AI # 1917

I hereby certify that I am qualified under the regulatory definition to be the responsible official for the above-named

facility. Specifically, I, Rob Garber

(Typed or printed name)



am an officer of the corporation. My title is Vice President of Operations

☐

perform policy or decision-making functions similar to that of an officer of the corporation.

Explain: \_\_\_\_\_

☐

am a general partner in a partnership.

☐

am the owner of a sole proprietorship.

☐

am a principal executive officer or ranking elected official of a municipality, state, federal, or other public agency. My office/title is: \_\_\_\_\_

My agency is: \_\_\_\_\_

*Note: A duly authorized representative may only be designated for corporations and while a corporation may have several responsible officials, it can only have one duly authorized representative.*

I hereby designate \_\_\_\_\_ as a duly authorized representative to act in my stead.

(Name of individual)

This individual's business title is: \_\_\_\_\_

I also certify that this individual is responsible for the overall operation of one or more facilities applying for or subject to a permit under these regulations and that

☐

the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), or

☐

approval of this delegation of authority has been previously requested of and given by the DEQ.

[Signature]  
Signature of responsible official

\_\_\_\_\_  
Signature of duly authorized representative designee

12/22/2015  
Date

For MDEQ use only:

\_\_\_\_\_  
Acknowledged by

\_\_\_\_\_  
Date

## Facility Contact Identification Form

Facility Name: \_\_\_\_\_

Facility Number: \_\_\_\_\_

- To correct information from page 1, indicate a correction by checking the "Correction" box, indicate the name of the facility contact and fill out only the information that is to be corrected.
- To add a facility contact, indicate an addition by checking the "Addition" box and complete all of the information.
- To remove a facility contact from page 1, indicate the contact is to be removed by checking the "Removal" box and fill out the name of the contact only.

Correction ☐

Addition ☐

Removal ☒

Facility Contact: Kyle Miller

Title: Plant Manager

Facility Contact Mailing Address: 133 Superior Drive

Moselle, MS 39459

Facility Contact Telephone No: 601-544-8119

Correction ☐

Addition ☒

Removal ☐

Facility Contact: Andre Dufrene

Title: Quality Assurance Manager

Facility Contact Mailing Address: 133 Superior Drive

Moselle, MS

Facility Contact Telephone No: 601-544-8119

Correction ☐

Addition ☐

Removal ☐

Facility Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Facility Contact Mailing Address: \_\_\_\_\_

Facility Contact Telephone No: \_\_\_\_\_

Correction ☐

Addition ☐

Removal ☐

Facility Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Facility Contact Mailing Address: \_\_\_\_\_

Facility Contact Telephone No: \_\_\_\_\_

RECEIVED  
DEC 30 2015  
Dept of Environmental Quality

December 22, 2015

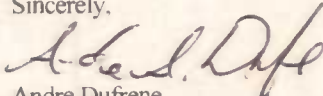
Chief, Environmental Permits Division,  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

MDEQ AI # 1917

Dear Sir:

Please find attached Superior Manufacturing Group- Moselle Division "Baseline Storm Water General Permit Re-Coverage Form" as requested per MDEQ correspondence. We are fulfilling this request within the 45 days as described in the Re-Coverage form. Also included is the Responsible Official/Duly Authorized representative Identification Form which has updated facility contact personnel information.

Sincerely,



Andre Dufrene  
Quality Assurance Manager