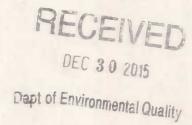
AI # 1324







BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 3 9 6

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: \(\square\) owner/operator \(\sqrt{}\) facility (please check one)

COVERA	GE RECIPIENT INFORMATION	
CONTACT NAME & POSITION: S.A. Bunnay In	nstallation Commanding Officer (ICO)	
COMPANY NAME: Naval Air Station Meridia	n Mississippi	
STREET OR P.O. BOX: 255 Rosenbaum Ave.		
CITY: Meridian	STATE: MS.	ZIP: <u>39309</u>
PHONE NUMBER (601) 679-2922	EMAIL: gregory.wade@navy.mil	

FACILITY INFORMATION

FACILITY NAME: Naval Air St	ation Meridian			
CONTACT NAME & POSITION:	Gregory Steve Wade			
CONTACT PHONE NUMBER (604)	679-2922 EMAIL: <u>P</u>	regory.wade@navy.mil		
PRIMARY STANDARD INDUSTR	IAL CLASSIFICATION (SIC) COD	E & DESCRIPTION OF INDUSTRI	AL ACTIVITY:	
1 5 2 2 Air Craft Maint	enance and Refueling. Seconda	ry SIC. 4581		
PHYSICAL SITE ADDRESS:	STREET: 255 Rosenba	um Ave.		
CITY: Meridian	COUNTY: Lauderdale	ZII	: 39309	
PROVIDE THE COORDINATES C	F THE PLANT ENTRANCE:			
LATITUDE: 32 degrees 35 minutes 9.55 seconds LONGITUDE: 88 degrees 36 minutes 17.5 seconds				
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Ponta Creek				
IS RECEIVING STREAM ON MI	DEQ's 303(d) LIST?		YES NO	
HAS A TMDI BEEN ESTABLISHI	ED FOR THE RECEIVING STREAM	M SEGMENT?	YES NO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
1. IS A COPY OF THE SWPPP AT	THE DEDMITTER CITES		✓ YES NO	
			✓ YES NO	
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? ✓ YES 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. 12/16/2015 Date D				
SCOTT BUNNAY		0 4 4 4 4 4	(0.000	
Printed Name		Title COMMANDIAG	officer	
This form shall be signed according to For a corporation, by a responsible For a partnership, by a general par For a sole proprietorship, by the pr For a municipal, state or other pub	corporate officer. tner. coprietor. lic facility, by principal executive office	r, mayor, or ranking elected official.		
After signing please mail to:	Chief, Environmental Permits Division MS Department of Environmental Qu P.O. Box 2261 Jackson, Mississippi 39225			

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Revision: 11/10/15