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John K.

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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JAN 11 2016

Dept. 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 110014

## 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: Tommy Griffith Plant Manager

COMPANY NAME: True Temper Sports, Inc

STREET OR P.O. BOX: P O Drawer E

CITY: Amory STATE: MS ZIP: 38821

PHONE NUMBER ( 662 256 1776 ) EMAIL: thomas.griffith@truitemper.com

### FACILITY INFORMATION

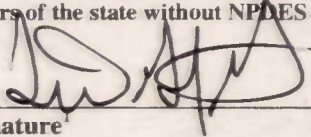
FACILITY NAME: True Temper Sports, Inc  
CONTACT NAME & POSITION: Phil Mangum Environmental Eng.  
CONTACT PHONE NUMBER (662 256-1706) EMAIL: phil.mangum@truetemper.com  
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
3471 Plating and Polishing  
PHYSICAL SITE ADDRESS: STREET: 931 True Temper Circle  
CITY: Amory COUNTY: Monroe ZIP: 38821  
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
LATITUDE: 33 degrees 58 minutes 24 seconds LONGITUDE: 88 degrees 29 minutes 07 seconds  
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Unnamed Branch  
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

01/06/16  
Date

Tommy Griffith  
Printed Name<sup>1</sup>

Plant 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

# TRUE TEMPER™ Sports

P. O. Drawer E  
Highway 25 South  
Amory, MS 38821

662-256-5605  
662-256-3955 Fax

Wednesday, January 06, 2016

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Dept. of Environmental Quality

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

Sent By Certified Mail: 7014 2120 0004 2429 5920


**Ref: Baseline Storm Water General Permit Re-Coverage, True Temper Sports, Inc**

To whom it may concern,

Attached is the completed Baseline Storm Water General Permit Re-Coverage Form for True Temper Sports, Inc.

If I may be of any further assistance please contact me at (662) 256-1706 or on my cell phone at (662) 231-2179.

Sincerely,



Phil Mangum  
True Temper Sports, Inc  
Environmental Engineer

Cc: T Griffith  
M Gardner