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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 0 5 7 7

## 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 30 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 (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. The visual assessment and training sections of your SWPPP will probably need to be updated to adhere to permit requirements (see ACT8, S-1 and ACT12, S-1 and S-2). These updates do NOT need to be submitted to MDEQ.

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 INFORMATION 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: Orland Stanford, President

COMPANY NAME: HSI Corporation

STREET OR P.O. BOX: P.O. Box 706

CITY: Bay Springs STATE: Mississippi ZIP: 39422

PHONE NUMBER (INCLUDE AREA CODE): 601-764-4131

FACILITY INFORMATION

FACILITY NAME: HSI Corporation

CONTACT NAME & POSITION: Mark Ostrander - Safety Director

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-764-4131

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
3 5 9 3 Hydraulic Manufacture

PHYSICAL SITE ADDRESS: STREET: 3358 Hwy 15 North

CITY: Bay Springs COUNTY: Jasper ZIP: 39422

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 01 minutes 69 seconds LONGITUDE: -89 degrees 28 minutes 77 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Stringer Branch

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

IF YES, 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 fines 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

1-7-2016  
Date

Orland Stanford  
Printed Name<sup>1</sup>

President  
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

**BASELINE STORM WATER GENERAL PERMIT  
 COVERAGE NUMBER (MSR00 0 5 7 7)  
 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: HSI CORPORATION FACILITY NAME: HSI CORPORATION  
 PHYSICAL SITE ADDRESS: 3358 Highway 15 North  
 CITY: Bay Springs COUNTY: Jasper  
 CONTACT PERSON: Mark Ostrander CONTACT PHONE NUMBER: 601-764-4131  
 MAILING ADDRESS: P.O. Box 706 CITY: Bay Springs STATE: MS ZIP: 39422

**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	
01-04-2016	8:10 AM		✓			Mark Ostrander
02-27-2015	1:55 PM		✓			Mark Ostrander
03-27-2015	9:00 AM		✓			Mark Ostrander
04-24-2015	9:30 AM		✓			Mark Ostrander
05-29-2015	8:45 AM		✓			Mark Ostrander
06-26-2015	9:10 AM		✓			Mark Ostrander
07-31-2015	9:10 AM		✓			Mark Ostrander
08-28-2015	1:00 PM		✓			Mark Ostrander
09-24-2015	7:55 AM		✓			Mark Ostrander
10-30-2015	8:20 AM		✓			Mark Ostrander
11-06-2015	10:30 AM		✓			Mark Ostrander
12-16-2015	8:15 AM		✓			Mark Ostrander

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.

Orland Stanford  
 Authorized Signature  
 Orland Stanford  
 Printed Name

1-7-2016  
 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