58173 JK





BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2 1 8 4

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	e mailed to: 🗸 owner/opera	tor facility (please check one)
COVE	RAGE RECIPIENT INFORM	IATION
CONTACT NAME & POSITION: Jim Hughe	S	
COMPANY NAME: Schulz Xtruded Produ	cts	
STREET OR P.O. BOX: 1001 Schulz Boule	vard	
CITY: Robinsonville	STATE: MS	ZIP: 38664
PHONE NUMBER (662) 373-4706	EMAIL: jhughes@sxpus	a.com

FACILITY INFORMATION

	THEIRIT IN ORDINA	1011					
FACILITY NAME: Schulz Xtru	ded Products					أبناء	
CONTACT NAME & POSITION:	Michael Simmerman						
CONTACT PHONE NUMBER 662) 401-0633 EMAIL: msimn	nerman@sx	pusa	.com	1		
PRIMARY STANDARD INDUSTR	RIAL CLASSIFICATION (SIC) CODE & D	ESCRIPTION	OFI	NDU	STRI	IAL ACTI	VITY:
3 3 1 7 Iron/Steel Pipe	& Tube Manufacturing from Purchas	ed Steel					<u> </u>
PHYSICAL SITE ADDRESS:	STREET: 2785 McCracken I	Road					
CITY: Hernando COUNTY: DeSoto					ZI	P: 38632	!
PROVIDE THE COORDINATES	OF THE PLANT ENTRANCE:						
LATITUDE: 34 degrees 49 n	ninutes 11 seconds LONGITU	DE: <u>-89</u> de	egrees	58	_miı	nutes 31	_seconds
NEAREST NAMED RECEIVING	STREAM FOR STORM WATER LEAVING	G THE SITE:	Mas	sacu	na C	Creek to	North Fork
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?						YES	✓NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?						YES	✓ NO
STORM	I WATER POLLUTION PREVEN	TION PLA	TIA (S	WP	PP)		
1. IS A COPY OF THE SWPPP AT	T THE PERMITTED SITE?					✓ 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).							□ NO
system designed to assure that qualifi person or persons who manage the sy the best of my knowledge and belief, t information, including the possibility I further certify that I understand wh	s document and all attachments were prepared ed personnel properly gathered and evaluated stem, or those persons directly responsible for true, accurate and complete. I am aware that t of fine and imprisonment for knowing violation en coverage is terminated the facility is no long permit. I understand that discharging pollutariverage is in violation of state law.	the informatio gathering the i here are signifi ns. ger authorized ats in storm wa	n subi inform icant p	mitted nation penalt charg sociat	l. Bas , the i ies for e stor ed wi	sed on my i information r submittir rm water as ith industri	inquiry of the in submitted is, to ing false is sociated with
Signature		Date	21	. <i>c</i>	01	0	
		Chief Op Title	erati	ing C	Offic	er	
 For a corporation, by a responsible For a partnership, by a general partnership, by the partnership, by the partnership 	artner.		g electe	ed offi	cial.		
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Quality, P.O. Box 2261 Jackson, Mississippi 39225	Office of Pollu	tion C	Contro	ı		

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Revision: 11/10/15



RE: Storm Water Baseline Recoverage AI# 58173

Jim Hughes

to:

Becky_Nester@deq.state.ms.us, Michael Simmerman, dlippert@fisherarnold.com, Sebastien

Leclerc

01/21/2016 03:37 PM

Hide Details

From: Jim Hughes < jhughes@sxpusa.com>

To: "Becky_Nester@deq.state.ms.us" <Becky_Nester@deq.state.ms.us>, "Michael

Simmerman" <MSimmerman@sxpusa.com>, "dlippert@fisherarnold.com" <dlippert@fisherarnold.com>, Sebastien Leclerc <sleclerc@sxpusa.com>,

1 Attachment



SXP Hernando SW Recoverage (2) with signature.pdf

Ms. Nester,

Attached is the Re-Coverage Form with the COO's signature. I am also sending the original to you via certified mail.

Regards,

Jim

From: Becky_Nester@deq.state.ms.us [mailto:Becky_Nester@deq.state.ms.us]

Sent: Thursday, January 21, 2016 12:25 PM

To: Michael Simmerman; dlippert@fisherarnold.com; Sebastien Leclerc; Jim Hughes

Subject: Storm Water Baseline Recoverage AI# 58173

The Baseline Storm Water General Permit for Industrial Activities (MSR00) was reissued on November 17, 2015. On November 24, 2015, MDEQ mailed an instruction letter explaining how to apply for Re-Coverage under this general permit. The Re-Coverage Form is now overdue. I have attached the instruction letter. If you have any questions, please do not hesitate to contact me.

Becky Nester Chief, Metals and Metal Manufacturing Branch Environmental Permits Division Mississippi Department of Environmental Quality P.O. Box 2261 Jackson, MS 39225 (601) 961-5580