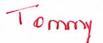
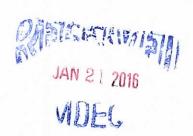
AI #1640







BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 8 1 9

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/operato	or facility (please check one)
COVE	RAGE RECIPIENT INFORMA	ATION
CONTACT NAME & POSITION: James Will	ingham, Human Resources/Safety	y Manager
COMPANY NAME: Hankins, Inc.		
STREET OR P.O. BOX: P.O. Box 517		
CITY: Ripley	STATE: MS	ZIP: <u>38663</u>
PHONE NUMBER (662) 837-9286	EMAIL: james@hankinsir	nc.com

FACILITY INFORMATION

FACILITY NAME: Hankins, Inc.		
CONTACT NAME & POSITION:	James Willingham, Human Resources/Safety Manager	
CONTACT PHONE NUMBER (662	837-9286 EMAIL: james@hankinsinc.com	
PRIMARY STANDARD INDUSTR	IAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDU	STRIAL ACTIVITY:
2 4 2 1 Sawmills and P	laning Mills, General	<u> </u>
PHYSICAL SITE ADDRESS:	STREET: 15881 Highway 4 East	
CITY: Ripley	COUNTY: Mississippi	ZIP: 38663
PROVIDE THE COORDINATES (OF THE PLANT ENTRANCE:	
LATITUDE: 34 degrees 43 n	ninutes 4.10 seconds LONGITUDE: 88 degrees 50	minutes 49.4 seconds
NEAREST NAMED RECEIVING S	STREAM FOR STORM WATER LEAVING THE SITE: Little H	atchie River
IS RECEIVING STREAM ON M	DEQ's 303(d) LIST?	☐YES ✓ NO
HAS A TMDL BEEN ESTABLISH	ED FOR THE RECEIVING STREAM SEGMENT?	□YES ✓NO
STORM	I WATER POLLUTION PREVENTION PLAN (SWF	PDD)
1. IS A COPY OF THE SWPPP AT	THE PERMITTED SITE?	✓ YES NO
	AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTAN UIRED SWPPP AMENDMENTS (see Instructions on front page).	TTS? YES NO
system designed to assure that qualific person or persons who manage the systhe best of my knowledge and belief, t information, including the possibility I further certify that I understand wh	document and all attachments were prepared under my direction or sued personnel properly gathered and evaluated the information submitted stem, or those persons directly responsible for gathering the information rue, accurate and complete. I am aware that there are significant penalt of fine and imprisonment for knowing violations. en coverage is terminated the facility is no longer authorized to discharg permit. I understand that discharging pollutants in storm water associative yerage is in violation of state law.	d. Based on my inquiry of the the information submitted is, to ties for submitting false te storm water associated with
Harold Hankins	President	
Printed Name ¹	Title	
 For a corporation, by a responsibl For a partnership, by a general pa For a sole proprietorship, by the p 	rtner.	icial.
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Pollution Contro P.O. Box 2261 Jackson, Mississippi 39225	ol .

Page 2 of 2



North Mississippi Office

P.O. Box 356 Sherman, MS 38869 (662) 840-5945

Fax: (662) 840-5965

Gulf Coast Office P.O. Box 906 Ocean Springs, MS 39566 (228) 872-2528 www.envirocomp.net

December 22, 2015

Mr. Harry Wilson, Chief Environmental Permits Division MS Department of Environmental Quality Office of Pollution Control P.O. Box 2261 Jackson, MS 39225-2261

RECEIVED
JAN 2 1 2016

Dept. of Environmental Quality

Re:

Baseline Storm Water General Permit Re-Coverage Form

Hankins, Inc. Ref. No. MSR000819 Ripley, Mississippi Tippah County

Dear Mr. Wilson:

Pursuant to the letter from the Mississippi Department of Environmental Quality (MDEQ) dated November 24, 2015, we understand that the Baseline Storm Water General Permit for Industrial Activities (MSR00) was reissued on November 17, 2015. Hankins, Inc. (Hankins) is enclosing a completed *Baseline Storm Water General Permit Re-Coverage Form* and requests that an updated Certificate of Permit Coverage be issued.

Please note that we intend to update Hankins's Storm Water Pollution Prevention Plan (SWPPP) to reflect the new requirements of the General Permit. Per the instructions provided for re-coverage, we understand that these updates do not need to be submitted to MDEQ as long as the SWPPP is current and effective in controlling storm water pollutants.

If you have any questions concerning the attached information, please feel free to contact me at (662) 840-5945 or James Willingham of Hankins at (662) 837-9286.

Sincerely,

Environmental Compliance Services, Inc.

Caleb James Project Manager

Enclosures