



BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 17 19

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 MU	ST BE COMPLETED (enter "I	NA" if not applicable).
The Certificate of Coverage should be ma	iled to: 🛛 owner/operator	facility (please check one)
COVERAC	GE RECIPIENT INFORMA	TION RECEIVED
CONTACT NAME & POSITION: Brandon	·	
company name: <u>Pallet Source, I</u> street or p.o. box: <u>P.O. Box</u> 36	Lnc.	Dept. of Environmental Quality
CITY: Mt. Pleasant PHONE NUMBER (662) 851-3118		pallet sourceinc.com
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FACILITY INFORMATION

FACILITY NAME: Mt. Pleasant
CONTACT NAME & POSITION: Brandon Mitchell, President
CONTACT PHONE NUMBER (662) 851-3118 EMAIL: bmit chell@palletsourceinc.com
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2448 Manufacture and sale of wood pallets and cut-to-size lumber
PHYSICAL SITE ADDRESS: STREET: 228 Mt. Pleasant Road
CITY: Mt. Pleasant COUNTY: Marshall ZIP: 38649
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 34 degrees 57 minutes 22 seconds LONGITUDE: 89 degrees 31 minutes 25 seconds
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Little Coldwater Creek
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?
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 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, 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.
Dan 11/18/16
Signature Date Brandon Mitchell President
Printed Name ¹ Title
 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.

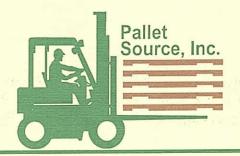
After signing please mail to: Chief, Environmental Permits Division,

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261 Jackson, Mississippi 39225

Physical Address: 228 Mt. Pleasant Road Mt. Pleasant, MS 38649

Phone: (662) 851-3118



Mailing Address: P.O. Box 36 Mt. Pleasant, MS 38649

Fax: (662) 851-3128

January 18, 2016

Mr. Tommy Wall MS Dept. of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, MS 39225

RE: General NPDES Coverage No. MSR001719 for Pallet Source, Inc.

Dear Mr. Wall:

Last Thursday, we were informed by someone in your office that you would be handling the recoverage of Pallet Source, Inc. under the Baseline Storm Water General Permit. I am sending you this letter to formally notify your department that I am now the responsible official handling the permitting and coverage process. William Schaefer, who was previously designated as the responsible official, is no longer a stockholder, director or officer of Pallet Source, Inc. Please change your records accordingly.

Enclosed is the completed Re-Coverage Form for Pallet Source, Inc. to be covered under the General Permit that was reissued on 11/17/15. This form has been signed by me.

Please contact me if you have any questions.

Website: www.palletsourceinc.com

Sincerely,

Brandon Mitchell

President

RECEIVED
JAN 2 1 2016

Dept. of Environmental Quality

E-mail: solutions@palletsourceinc.com