



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 9 5

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Industrial Stormwater General Permit. This form must be completed and returned to the address printed at the bottom of page 2.

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.

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 Industrial Stormwater 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).

COVERAGE RECIPIENT INFORMATION	
CONTACT NAME & POSITION: David Atherton	
EMAIL ADDRESS: datherton 2 columbus recu	cling
company name: Colum bus Recycling	A STATE OF THE STA
STREET OR P.O. BOX: PO BOX 8670	
CITY: Columbus STATE: MS	ZIP: 39705
PHONE NUMBER (INCLUDE AREA CODE): (502) 637-7657	
FACILITY INFORMATION	
FACILITY NAME: Southern Scrap of Meridian	
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CONTACT NAME & POSITION: Key Mansfield	Manager
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (602) 693	- 5323
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION SIC) OF A METAL RECYCLIANS SCAOO	on of industrial activity:



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PHYSICAL SITE ADDRESS 75 HWY 19 North		
city: Meridian county: Lauderdale	zip: <u>39302</u>	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:		
LATITUDE: 32 degrees 21 minutes 20 seconds LONGITUDE: 8 de	I and the second	
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SI	re: Lellagher Creek	
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	YES NO	
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGN	MENT? YES X	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	VES NO	
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER PO IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front pa		
AUTO SALVAGE FACILITIES ONLY		
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW MDEQ NO LATER THAN JANUARY 31, 2022.	PERMIT MUST BE SUBMITTED TO N/4	
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERMIT?	YES NO	
IS A REVISED COPY OF THE SWPPP ATTACHED?	☐ YES ☐NO	
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 Lunderstand 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.		
	1/4/2021	
Signature	ate	
David Atherton EH		
	litle	
This form shall be signed according to ACT16, 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, o 	r ranking elected official.	
After signing please mail to: Chief, Environmental Permits Division, MS Department of Environmental Quality Office of Pollution Control		

MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261

Jackson, Mississippi 39225

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