



## BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

The submittal of this form is required to continue coverage under Mississippi's Reissued
Baseline Storm Water General Permit MSR00

COVERAGE NUMBER: MSR00 SOLO. This coverage number must be completed for your specific project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of the Certificate of Coverage and at the top right corner of the Letter of Instruction for Re-Coverage.
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.
Amendments are required to be attached to this form if the Storm Water Pollution Prevention Plan (SWPPP) is not current or is ineffective in controlling storm water pollutants.
The applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance.
Do not submit this form if submitting a "No Exposure Certification".
Do not submit this form if submitting a "Request for Termination" (RFT).  ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).
The Certificate of Coverage should be mailed to:   owner/operator   facility (please check one)
☐ OWNER ☐ OPERATOR INFORMATION (PLEASE CHECK ONE OR BOTH)
CONTACT NAME & POSITION: T.W. GREER,
COMPANY NAME: GILMORE, PUCKETT LYMBER CO.
STREET OR P.O. BOX: P.O. BOX 30
CITY: AMORY STATE: M5 ZIP: 38821
PHONE NUMBER (INCLUDE AREA CODE): 662 - 256 - 354/

FACILITY INFO	RMATION /
FACILITY NAME: GILMORE PUCK	ETT-LUMBER CO %
CONTACT NAME & POSITION: T, W, GRE	ER Pres.
CONTACT PHONE NUMBER (INCLUDE AREA CODE):	256-3541
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CO	1, 200
2421 Sausill and Planine	g mills, General 38
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEA	REST NAMED ROAD):
STREET: 606 A AVENUE	The state of the s
CITY: A MORY COUNTY: MONRO	E ZIP: 3892/
NEAREST NAMED WATERBODY THAT THE STORM WATER LE	AVING THE SITE WILL ENTER:
ROUND HOUSE BRANCH	
STORM WATER POLLUTION PR	EVENTION PLAN (SWPPP)
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? X YE	s 🗆 NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS.	G STORM WATER POLLUTANTS?   ✓ YES □NO
I certify under penalty of law that this document and all attach supervision in accordance with a system designed to assure that the information submitted. Based on my inquiry of the person directly responsible for gathering the information, the information, belief, true, accurate and complete. I am aware that there are	t qualified personnel properly gathered and evaluate or persons who manage the system, or those persons tion submitted is, to the best of my knowledge and
I further certify that I understand when coverage is terminated storm water associated with industrial activity under this gene in storm water associated with industrial activity to waters of t	ral permit. I understand that discharging pollutants
state law.	
T. D. Men	11/14/2001
Signature <sup>1</sup>	Date
Trinted Name! W. GREER	Title Tresident
<sup>1</sup> This form shall be signed according to the General Permit, ACT13, T-4, pag  - 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.	e 26, as follows:
After signing please mail to:  Environmental Permits Office of Pollution Cor P.O. Box 10385 Jackson, MS 39289-033	itrol