



## BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 5 0 5

## 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.

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. The visual assessment and training sections of your SWPPP will probably need to be updated to adhere to permit requirements (see ACT8, S-1 and ACT12, S-1 and S-2). These updates do NOT need to be submitted to MDEQ.

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 INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage s	hould be mailed to:	owner/operator	facility (please check one)
	COVERAGE REC	IPIENT INFORMATI	ON
CONTACT NAME & POSITION: KG		Plant py	<b>\</b>
COMPANY NAME: THE CALVE	RT COMPANY		
STREET OR P.O. BOX: 120 Aztec	Dr		
CITY: Richland	STATE: MS		ZIP: 39218
PHONE NUMBER (INCLUDE AREA	сорку: 601-939-9191		

**FACILITY INFORMATION** FACILITY NAME: THE CALVERT COMPANY CONTACT NAME & POSITION: DERRICK HENDERSON, MANUFACTURING ENGINEER CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-939-9191 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 3 6 1 3 Manufacture electrical equipment, bus bar structures PHYSICAL SITE ADDRESS: STREET: 120 Aztec Dr COUNTY: Rankin ZIP: 39218 CITY: Richland PROVIDE THE COORDINATES OF THE PLANT ENTRANCE: LATITUDE: 32 degrees 13 minutes 23 seconds LONGITUDE: 90 degrees 09 minutes 46 seconds NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Squirtel Creek IS RECEIVING STREAM ON MDEQ's 303(d) LIST? YES VNO V NO YES IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? STORM WATER POLLUTION PREVENTION PLAN (SWPPP) VYES IS A COPY OF THE SWPPP AT THE PERMITTED SITE? NO IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? | YES NO 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, 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 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. 11/2/2010 Signature Kelly Warnock Plant Manager Printed Name <sup>1</sup>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

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Revision: 09/30/10



March 1, 2011

Jim Morris General Permits Branch PO Box 2261 Jackson, MS 39225-2261

RE: MSR000505, The Calvert Co.

Dear Mr. Morris,



I am responding to your letter of February 28 regarding the stormwater permit renewal for our company in Richland MS. Your letter says that a Re-coverage form had not been submitted to the MS DEQ. Our records show that the form was signed and submitted on November 2, 2010. I have attached a copy of the submittal. Please continue with the permitting process for the facility.

Please call me at 817-810-0095 if you have questions about this reponse.

Sincerely yours,

Frank Gaudet, PE Environmental Engineer

Enclosure (1)

cc: Kelly Warnock



## STATE OF MISSISSIPPI

HALEY BARBOUR GOVERNOR

## MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

TRUDY D. FISHER, EXECUTIVE DIRECTOR

February 28, 2011

Calvert Company Inc One Museum Place3100 West 7th Street, Suite 500 Fort Worth, Texas 76107

Re: Calvert Company Inc, The

Baseline Stormwater Recoverage

Ref. No. MSR000505 Rankin County

The Permit Board on Environmental Quality reissued the Baseline Storm Water General Permit (MSR00) on September 29, 2010. The reissued General Permit, Re-coverage Form, Forms Package, and Letter of Instruction dated October 8, 2010 was mailed to permitted Baseline facilities statewide.

The Letter of Instruction required specific actions by the facility and provided thirty (30) days to respond. The 30-day response period ended on November 7, 2010. As of the date of this letter, MDEQ has not received a response regarding the above referenced facility. In order for the above referenced facility to remain covered under a valid permit, the enclosed Recoverage Form must be completed and returned to the indicated address by March 28, 2011.

Coverage for the facility must be terminated if the facility is out of business, or is no longer a regulated industrial category as defined in 40 CFR 122.26(b)(14). A Request for Termination of Coverage Form is enclosed. If the facility has been purchased by a third party, please forward this package to the new owner and contact Mr. Philip Morris at (601) 961-5561 or me at (601) 961-5151. Should the facility desire an individual permit, please contact one of us to receive the necessary applications.

If regulated industrial activities are ongoing and the coverage recipient does not apply for re-coverage, the facility will be operating without a valid permit and is subject to enforcement action. If you have any questions concerning these instructions or the reissued General Permit, please contact Mr. Philip Morris at (601) 961-5561 or me at (601) 961-5151.

Sincerely,

Jim Morris, Chief General Permits Branch

**Environmental Permits Division** 

Enclosures

cc: Chris Sanders

**Environmental Compliance and Enforcement Division**