ATT #18626







## BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 1 6 5 8

## **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 should be mailed to:	owner/operator	✓ facility (please check one)
COVERAGE REC	CIPIENT INFORMATION	ON
CONTACT NAME & POSITION: Jason Quinton Division	LF Manager	
COMPANY NAME: BFI South Shelby LF		
STREET OR P.O. BOX: 5494 Malone Rd		
CITY: Memphis STATI	E: TN	ZIP: 38118
PHONE NUMBER (INCLUDE AREA CODE): 901 794 8071		

## **FACILITY INFORMATION**

FACILITY NAME: South Shelby LF		
CONTACT NAME & POSITION: Jason Quinton Division LF Manage	r and the state of	
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 901 794 8071		
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & D	ESCRIPTION OF INDUSTRIAL ACTIVITY:	
562212 Landfill		
PHYSICAL SITE ADDRESS: STREET: 5494 Malone Rd		
TTY: Memphis COUNTY: Shelby ZIP: 38118		
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:		
LATITUDE: degrees minutes seconds LONGITU	JDE: degrees minutes seconds	
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVIN	G THE SITE: Un-named Tributary	
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?		
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?		
STORM WATER POLLUTION PREVEN	ITION 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 system designed to assure that qualified personnel properly gathered and evaluated person or persons who manage the system, or those persons directly responsible for the best of my knowledge and belief, true, accurate and complete. I am aware that t information, including the possibility of fines and imprisonment for knowing violation. I further certify that I understand when coverage is terminated the facility is no long industrial activity under this general permit. I understand that discharging pollutar waters of the state without NPDES coverage is in violation of state law.	the information submitted. Based on my inquiry of the gathering the information, the information submitted is, to there are significant penalties for submitting false ons.  ger authorized to discharge storm water associated with	
108.5	6-3-11	
Signature <sup>1</sup>	Date	
Jason Quinton Printed Name <sup>1</sup>	Division LF Manager Title	
This form shall be signed according to ACT14, T-9 of the General Permit, as follow 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, may  After signing please mail to: Chief, Environmental Permits Division,	vor, or ranking elected official.	
MS Department of Environmental Quality, P.O. Box 2261	Office of Foliation Control	



June 3, 2011

RECEIVED

JUN 1 0 2011

Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson Mississippi 39225

Dept of Environmental Quality

RE:

BFI Waste Systems of North America LLC

South Shelby Landfill REF# MSR 0001658
Desoto County

BFI South Shelby Landfill (South Shelby), a subsidiary of Republic Services, Inc, respectfully requests to withdraw the termination letter dated 3-22-11. BFI South Shelby LF, after further consideration, requests to continue storm water general permit number MSR001658. All storm water from site activity discharges to the waters of Tennessee. The Tennessee Department of Environment and Conservation (TDEC), Division of Water Pollution Control regulates the discharge under permit number TNR053248.

I apologize for any confusion. I have attached the application for Baseline Storm Water General Permit Re-Coverage Form you provided in an email dated 5-19-11 @ 1608. Please feel free to contact Jimmy Flemming at 901-873-2127 or myself if there are any questions.

Thank you,

Jason Quinton

Division LF Manager

CC: Jimmy Flemming

South Shelby Storm Water Operating File