



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HOT MIX ASPHALT GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA HOT MIX ASPHALT GENERAL PERMIT MSR70
GENERAL NPDES COVERAGE NO. MSR70 _ _ _ _

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Hot Mix Asphalt Multimedia 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.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package. Facilities that continue to discharge storm water and/or operate air emissions equipment without applicable permit coverage are in violation of state law.

This recoverage form is not required to be submitted if the facility is submitting a request for termination of coverage.

ALL INFORMATION REQUESTS MUST BE ANSWERED (Answer "NA" if not applicable).

Certificate of Coverage should be mailed to: owner/operator facility (please check one)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: _____

COMPANY NAME: _____

STREET OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER (INCLUDE AREA CODE): _____

FACILITY/SITE INFORMATION

FACILITY NAME: _____

CONTACT NAME & POSITION: _____

CONTACT PHONE NUMBER (INCLUDE AREA CODE): _____

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

(____) _____

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: _____

CITY: _____ COUNTY: _____ ZIP: _____

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: ____ degrees ____ minutes ____ seconds LONGITUDE: ____ degrees ____ minutes ____ seconds

NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE WILL ENTER: _____

AIR EMISSIONS EQUIPMENT

HAS THE FACILITY BEEN MODIFIED IN ANY WAY WHICH COULD AFFECT THE QUANTITY AND/OR COMPOSITION OF AIR EMISSIONS (i.e., changed design production capacity, changed fuel(s), changed emission controls, etc.)? YES NO

ARE THERE ANY STATIONARY INTERNAL COMBUSTION ENGINES AT THE PLANT: YES NO

If YES, list type(s) (e.g., combustion ignition, spark ignition), horsepower, and date(s) of manufacture for each:

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? IF NO, PLEASE ATTACH REQUIRED AMENDMENTS. 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 the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to emit regulated air emissions and discharge wastewater or storm water associated with industrial activity under this general permit. I understand that discharging pollutants associated with industrial activity to waters of the State or emitting regulated air emissions without proper permit coverage is in violation of state law.

Signature¹

Date Signed

Printed Name¹

Title

¹This application for re-coverage shall be signed according to ACT23, T-5 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