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MDEQ

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

UNDERGROUND STORAGE TANK GROUNDWATER REMEDIATION GENERAL PERMIT RE-COVERAGE FORM

The submittal of this form is required to continue coverage under Mississippi's Reissued Underground Storage Tank (UST)Groundwater Remediation General Permit MSG12.

COVERAGE NUMBER: MSG12 0 1 6 4. This coverage number must be completed for your UST Remediation System Permit or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your Certificate of Coverage or in the heading on the Letter of Instruction.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Underground Storage Tank (UST)Groundwater Remediation General Permit. This form must be completed and returned to the MDEQ at the address printed at the bottom of the back page of this form 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). The owner or operator that receives coverage is responsible for permit compliance. Do not submit this form if submitting a "Request for Termination."

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

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

COVERAGE RECIPIENT INFORMATION

Contact Name and Position: Shiar Rahaim, President

Company Name: Summit Environmental Group, Inc

Street (P.O. Box): P. O. Box 3143

City: Ridgeland State: MS Zip: 39158

Phone Number: (601) 927-4798

PROJECT INFORMATION

Project Name: 49 Truck Stop

Contact Name and Position: Shiar Rahaim

Contact Phone Number: (601) 927-4798

Physical Site Address (if not available indicate nearest named road):

Street: (Hwy 49) 5702 Medgar Evers Blvd

City: Jackson County: Hinds Zip: _____

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater being discharged (check all that apply)?

☐ Surface Water (list nearest named receiving waterbody): _____

☑ POTW

☐ Wastewater Collection Authority (if different than POTW)

If discharge is to a POTW and/or Wastewater Collection Authority, provide the following:

POTW Contact Name: Jerrit Smash

Title: Director of Public Works Telephone Number: (601) 960-2091

Wastewater Collection Authority Contact Name: _____

Title: _____ Telephone Number: (____) _____

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 fine and imprisonment for knowing violations.

Shiar Rahaim
Signature[1]

6/6/17
Date

Shiar Rahaim
Printed Name

President
Title

[1]This form shall be signed according to the General Permit, ACT9, T-7 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
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

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Dept. of Environmental Quality

Revised: April 6, 2011