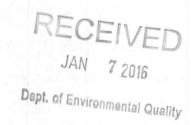
1.2686





# 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 Groundwater Remediation Storm Water General Permit MSG12

COVERAGE NUMBER: MSG12 0 1 8 0. 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 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."

<u>ALL INFORMATION MUST BE COMPLETED</u> (Enter "NA" if not applicable).

#### COVERAGE RECIPIENT INFORMATION

Contact Name and Position: Jay Santucci / Treasurer		
Company Name: W. L. Burle Engineers, PA		
Street (P.O. Box): P. O. Box 1293		
City: Greenville	State: MS	<b>Zip:</b> 38702
Phone Number: (662) 332-2619		

### PROJECT INFORMATION

Project Name: Hardin's Chev	/ron	
Contact Name and Position: 1	ay Santucci / Treasurer	
Contact Phone Number: (601	957-7813	
Physical Site Address (if not av	railable indicate nearest named road):	
Street: 102 Hayden Street		
City: Belzoni	Zip: 39038	
WAS	STEWATER DISCHARGE II	NFORMATION
Where is the remediated groun	dwater being discharged (check all that a	pply)?
Surface Water (list neares	st named receiving waterbody):	
✓ POTW		
Wastewater Collection A	uthority (if different than POTW)	
If discharge is to a POTW and/	or Wastewater Collection Authority, pro	vide the following:
POTW Contact Name: Walte	er Williams	
Title: WWTP Director		Number: (662) 247-1343
Wastewater Collection Authori		
Title:		Number: ()
in accordance with a system de information submitted. Based directly responsible for gatheri belief, true, accurate and comp	signed to assure that qualified personnel p on my inquiry of the person or persons w ng the information, the information subm	ho manage the system, or those persons litted is, to the best of my knowledge and t penalties for submitting false information,
Signature <sup>1</sup>		Date
Jay Santucci		Treasurer
Printed Name		Title
For a corporation, b For a partnership, b For a sole proprietoi	ng to the General Permit, ACT9, T-7 as follow y a responsible corporate officer. y a general partner. rship, by the proprietor. te or other public facility, by principal executi	
After signing please mail to:	Chief, Environmental Permits Division MDEQ, Office of Pollution Control P.O. Box 2261 Jackson, MS 39225	

Revised: April 6, 2011

Search Type: Business Name

Search Date: 09/26/2017 03:33

Criteria: w l burle

Search Sub-Type: Starting With

Search Thru Date: 09/24/2017

Result(s) Count: 1

## **Business Name Search Results**

Business Name	Business ID	Business ID Type		Status 🔻	Create Date
Dusiness Name	DUSITIESS ID	туре	Ţ	Jiaius T	Create Date
W. L. BURLE ENGINEERS, P.A.	577723	Business Corporation		Good Standing	01/16/1991

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