



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

RECEIVED  
MAR 10 2011  
Dept of Environmental Quality  
Office of Pollution Control

# BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
BASELINE GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 0431

## 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 RECIPIENT INFORMATION

CONTACT NAME & POSITION: DAVID MCBRIDE GENERAL MANAGER  
COMPANY NAME: MERIDIAN AND BIGBEE RAILROAD  
STREET OR P.O. BOX: PO Box 551 OR 400 18<sup>th</sup> Ave SOUTH  
CITY: MERIDIAN STATE: Ms ZIP: 39301  
PHONE NUMBER (INCLUDE AREA CODE): 601-693-4351



# FACILITY INFORMATION

FACILITY NAME: MERIDIAN & BIGBEE RAILROAD  
 CONTACT NAME & POSITION: DAVID MCBRIDE GEN. MANAGER  
 CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-693-4351  
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
4011  
 PHYSICAL SITE ADDRESS: STREET: 400 18th Ave South  
 CITY: MERIDIAN COUNTY: LAUDERDALE ZIP: 39301  
 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
 LATITUDE: 32 degrees 21 minutes 24 seconds N LONGITUDE: 88 degrees 41 minutes 28 seconds W  
 NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: SOWASHEE CREEK  
 IS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☒ YES ☐ NO  
 IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ☒ NO

## 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? ☒ 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.

Signature

Date

Printed Name

Title

<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



<b>Tier Two EMERGENCY AND HAZARDOUS  CHEMICAL INVENTORY</b>  <i>Specific Information by Chemical</i>	<b>Facility Identification</b> Name <u>Meridian &amp; Bigbee Locomotive Shop</u> Street <u>119 22<sup>nd</sup> Ave South</u> City <u>Meridian</u> County <u>Lauderdale</u> State <u>MS</u> Zip <u>39301</u> NAICS Code <u>4011</u> Dun & Brad Number _____		<b>Owner/Operator Name</b> Name <u>G &amp; W Inc.</u> Phone <u>( )</u> Mail Address _____	
	FOR OFFICIAL USE ONLY		<b>Emergency Contact</b>  Name <u>David McBride</u> Title <u>Gen. Manager</u> Phone <u>(601)693-4161</u> 24 Hr. Phone <u>(601)874-4173</u> Ext 22 Name <u>Glenn Jackson</u> Title <u>CMO</u> Phone <u>(601)553-1332</u> 24 Hr. Phone <u>(601)-678-1231</u>	
	ID # _____ Date Received _____			

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 2010 \_\_\_\_\_

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential)  Storage Locations	Optional															
CAS <u>68476-34-6</u> Trade Secret _____ Chem. Name <u>Diesel Fuel</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	C	1	4													<u>Diesel Fuel Building</u> _____ _____ _____	[ ]
C	1	4																		
CAS _____ Trade Secret _____ Chem. Name <u>Lube Oil</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>3</u> Avg. Daily Amount (code) <u>0</u> <u>3</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	1	4													_____ _____ _____	[ ]
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CAS <u>14808-60-7</u> Trade Secret _____ Chem. Name _____ Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>H</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	H	1	4													_____ _____ _____	[ ]
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**Certification (Read and sign after completing all sections)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through \_\_\_\_\_, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Glenn Jackson

Glenn Jackson

2/15/2011

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

**Optional Attachments**

- ☐ I have attached a site plan  
☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguards measures