



IVILLA

# 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 7 9. 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."

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

#### COVERAGE RECIPIENT INFORMATION

Contact Name and Position: Ben D. Smukes		
Company Name: PE La Mareaux & Assoc. In	ç.	
Street (P.O. Box): 10 Box 2010		
City: Tuscaloosa	State: AL	Zip: 35407
Phone Number: (256 742 8714		

### PROJECT INFORMATION

Project Name: STOW	Gas Steelin			
Contact Phone Number: (2				
The second secon	available indicate nearest named road):			
1202	-11:5 Ave.			
Silver / V / L	711.7			
City: Sackson	County: HM ds	Zip: 39209		
WASTEWATER DISCHARGE INFORMATION				
Where is the remediated grou	undwater being discharged (check all th	nat apply)?		
Surface Water (list near	rest named receiving waterbody):			
POTW				
	Authority (if different than POTW)			
If discharge is to a POTW an	d/or Wastewater Collection Authority,	provide the following:		
BOTH Contact Names And	Thomas Harklass			
POTW Contact Name: Au				
Title: Eng. Moor	Teleph	none Number: (601) 960 - 2000		
Wastewater Collection Author	rity Contact Name:			
Title:	Teleph	none Number: ()		
in accordance with a system of information submitted. Based directly responsible for gather belief, true, accurate and com- including the possibility of fin	designed to assure that qualified person of on my inquiry of the person or person ring the information supplete. I am aware that there are significe and imprisonment for knowing violat	8/15/11 Date		
	ne M	Exec. V. P.		
Printed Name		Fitle		
For a corporation, For a partnership, For a sole propriet	ling to the General Permit, ACT9, T-7 as fo by a responsible corporate officer. by a general partner. orship, by the proprietor. ate or other public facility, by principal exe	llows: cutive 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			

Revised: April 6, 2011



August 12, 2011

Chief, Environmental Permits Division Mississippi Department of Environmental Quality 515 E. Amite St. Jackson, MS 39201 DIFEERWARE
AUG 16 2011

AVILLE

RE: Re-Coverage Form

Star Gas Station
Jackson, Mississippi
Permit no. MSG120179
MGPTF No. 10450
PELA Project Number 115405

Dear Sir/Madam:

Enclosed is the Re-Coverage Form for the above referenced site.

Please call if you have any questions.

Sincerely,

Ben Dismukes

Chief of Operations-Mobile

Enclosure; Re-Coverage Form

Cc; Mr. Arvinder Singh Walia