



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 O Q 5 8. 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).

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Contact Name and Position: 18 en 5.3	mukos
Company Name: PE La Moveaux.	& Associator, Inc.
Street (P.O. Box): POBax 2710	
City: Tus caloosa	State: 14 2ip: 35403
Phone Number: (256) 742-8714	

PROJECT INFORMATION Project Name: Aqua Yacht Harbor

Contact Name and Position: Bendismules / Chief of Operations - Mobile Contact Phone Number: (251) 342 8714 Physical Site Address (if not available indicate nearest named road): 3872 HUY 25 N. City: Iuka County: Tishomingo zip: 38852 WASTEWATER DISCHARGE INFORMATION Where is the remediated groundwater being discharged (check all that apply)? Surface Water (list nearest named receiving waterbody): Lake Pickwick 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: Telephone Number: (___) Title: Wastewater Collection Authority Contact Name: Telephone Number: (____) Title:

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.

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

Revised: April 6, 2011



November 11, 2011

Mr. Dallas Baker Mississippi Department of Environmental Quality 515 E. Amite St. Jackson, MS 39201

RE: Re-Coverage Form
Aqua Yacht Harbor
luka, Mississippi
Permit no. MSG120058
MGPTF No. 9973
PELA Project Number 592400

Dear Mr. Baker:

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. Rodney Vanhoose

RECEIVED

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Dept of Environmental Quality