

AI #16854

Dallas



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 Groundwater Remediation Storm Water General Permit MSG12

COVERAGE NUMBER: MSG12 0 0 5 4. 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

RECEIVED

Contact Name and Position: Charles Coney, District Manager

JAN 18 2012

Company Name: PPM Consultants, Inc.

Street (P.O. Box): 104 Business Park Drive, Suite H1

Dept of Environmental Quality

City: Ridgeland

State: MS

Zip: 39157

Phone Number: (601) 956-8233

PROJECT INFORMATION

Project Name: Homers BBQ

Contact Name and Position: Dan Waring

Contact Phone Number: (601) 636-1065 ext 1709

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

Street: 1215 High Street

City: Jackson

County: Hinds

Zip: 39202

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: David Willis, P.E.

Title: Deputy Director

Telephone Number: (601) 960-2090

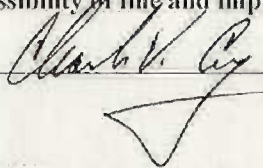
Wastewater Collection Authority Contact Name: _____

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.

Signature¹



January 19, 2012

Date

Charles V. Coney

Printed Name

District Manager

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

Revised: April 6, 2011