



BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 1244

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 45 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 (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be ineffective in controlling storm water pollutants.

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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable).

| The Certificate of Coverage should be mailed to: wner/operator facility (please check one) |
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| COVERAGE RECIPIENT INFORMATION |
| contact NAME & POSITION: Mr. Joey Cupp-Sr. Environmental Manager company NAME: Pilot Trowel Centers LLC street or P.O. BOX: 5508 Longs Dr. |
| CITY: KNOXVIILE STATE: TN ZIP: 37909 PHONE NUMBER 85274-2826 EMAIL: Joey. Cuppe pilot travelcenters. COM |

| | FACILITY INFORMATION | | |
|--|--|--|--|
| FACILITY NAME: FUING | J Travel Plaza (FJ-6 | 78) | |
| CONTACT NAME & POSITION: | Mr. Joen Cup-Sr. Enviro | pomental Mar | |
| CONTACT PHONE NUMBER 85474-2826 EMAIL: JORY CUPP @ PITOT travel center | | | |
| | L CLASSIFICATION (SIC) CODE & DESCRIPTION OF I | INDUSTRIAL ACTIVITY: COM | |
| 5541 Travela | center with fuel dispens | ing sales | |
| PHYSICAL SITE ADDRESS: | STREET: 685 Hwy. 80 | East | |
| CITY: Pear C | DUNTY: Rankin | ZIP: 39208 | |
| PROVIDE THE COORDINATES OF | THE PLANT ENTRANCE: | | |
| LATITUDE: 32 degrees 16 min | autes 40.7 seconds N LONGITUDE: 90 degrees | s 09 minutes 39.5 seconds W | |
| NEAREST NAMED RECEIVING ST | REAM FOR STORM WATER LEAVING THE SITE: UN | named tributary of | |
| IS RECEIVING STREAM ON MDI | GQ's 303(d) LIST? | YES UNO | |
| HAS A TMDL BEEN ESTABLISHED | FOR THE RECEIVING STREAM SEGMENT? | YES NO | |
| STORM | WATER POLLUTION PREVENTION PLAN (S | SWPPP) | |
| 1. IS A COPY OF THE SWPPP AT T | HE PERMITTED SITE? | YES NO | |
| | | | |
| | D EFFECTIVE IN CONTROLLING STORM WATER POLLU RED SWPPP AMENDMENTS (see Instructions on front page). | | |
| | | | |
| system designed to assure that qualified person or persons who manage the syste the best of my knowledge and belief, tru- information, including the possibility of I further certify that I understand when | /2-/7- | mitted. Based on my inquiry of the nation, the information submitted is, to penalties for submitting false charge storm water associated with sociated with industrial activity to | |
| Signature | Date | | |
| Joen Cupp | Sr. Faul | inamental Wange | |
| Printed Name | Title (Auth | ironmental Nanage orized Signatory) | |
| This form shall be signed according to A For a corporation, by a responsible c | ACT14, T-9 of the General Permit, as follows: | 9,000 | |
| · For a partnership, by a general parts | ner. | | |
| For a sole proprietorship, by the pro- For a municipal, state or other public | prietor. : facility, by principal executive officer, mayor, or ranking electe | ed official. | |
| After signing please mail to: | | | |
| | Chief, Environmental Permits Division, | | |
| | Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Pollution C P.O. Box 2261 | Control | |

Dynamis, Inc.

3707 Henson Rd. Knoxville, TN 37921 Phone: (865) 588-5422 RECEIVED DEC 2 1 2015

Fax: (865) 588-6857 Dept. of Environmental Quality

December 17, 2015

Chief, Environmental Permits Division MS Department of Environmental Quality Office of Pollution Control P.O. Box 2261 Jackson, MS 39225

RE: Baseline Storm water General Permit Re-Coverage Form for Coverage Under Mississippi's

Reissued Baseline General Permit MSR00 General NPDES Coverage No. MSR001844 Flying J Travel Plaza (FJ-678) 685 Hwy. 80 East

Pearl, MS 39208 Rankin County

Transmitted via: USPS Certified Mail # 7013 3020 0001 4408 3042

Chief, Environmental Permits Division:

Dynamis, Inc. (Dynamis) has been authorized by Pilot Travel Centers LLC (the permittee) to submit the attached Baseline Storm Water General Permit Re-Coverage Form. The facility has a current SWPPP. If you have any questions or require further information, please contact me.

Respectfully,

Alan J. Fass, P.G.

Environmental Manager

Dynamis, Inc.

865-588-5422 Ext. 208

alanfass@dynamis-inc.com

c: Joey Cupp, Environmental Manager, Pilot Travel Centers LLC, 5508 Lonas Drive, Knoxville, TN

37909

David Dippel, Regional Environmental Project Manager, Pilot Travel Centers LLC, 5508 Lonas Drive, Knoxville, TN 37909