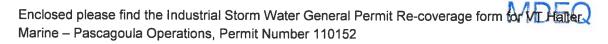


February 18, 2021

Chief, Environmental Compliance and Enforcement Division Mississippi Department of Environmental Quality Office of Pollution Control P.O. Box 2261 Jackson, MS 39225

Dear Sir:



If you have any questions or concerns, please do not hesitate to contact me at 228-696-6819.

Sincerely,

Robert McPherson

Executive Vice President of Administration



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 110152

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Industrial Stormwater General Permit. This form must be completed and returned to the address printed at the bottom of page 2.

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.

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 Industrial Stormwater 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).

COVERAGE RECIPIENT INFORMATION						
CONTACT NAME & POSITION: Ray Sprouse, (Environmental Manager)						
EMAIL ADDRESS:	r.sprouse@vthm.com	12 12	DECE	A E IV		
COMPANY NAME:	VT Halter Marine		FEB 2 2 20	221		
STREET OR P.O. BOX	x: 900 Bayou Casotte Pa	arkway				
CITY: Pascagoula	a	_ _{STATE:} MS	MOEC	ZIP: 39581		
PHONE NUMBER (INCLUDE AREA CODE): 228-696-6819						
FACILITY INFORMATION						
FACILITY NAME: VT Halter Marine Pascagoula Operations						
CONTACT NAME & POSITION: Ray Sprouse, (Environmental Manager)						
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 228-696-6819						
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: Ship building and Repair (3731)						

PHYSICAL SITE ADDRESS STREET: 900 Bayou Casotte Parkway					
CITY: Pascagoula COUNTY: Jackson	ZIP	. 39581			
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:					
LATITUDE: 30 degrees 20 minutes 49 seconds LONGITUD					
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Bayou Casotte					
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	YES	NO			
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STR	EAM SEGMENT? YES	NO			
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)					
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?		YES NO			
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instruction	WATER POLLUTANTS? is on front page).	YES NO			
AUTO SALVAGE FACILITIES ONLY					
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BE SUBMITTED TO MDEQ NO LATER THAN JANUARY 31, 2022.					
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PER	RMIT?	YES NO			
IS A REVISED COPY OF THE SWPPP ATTACHED?		YES NO			
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.					
	18 February 2021				
Signature ¹	Date				
Robert McPherson	Executive VP of Operate	tions			
Printed Name ¹	Title				
 This form shall be signed according to ACT16, 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 officers 		ial.			
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