

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1706

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: Karen Shea, Environmental Engineer			
EMAIL ADDRESS: kshea@huntrefining.com			
COMPANY NAME: Hunt Southland Refining Company, LLC			
STREET OR P.O. BOX: P.O. Drawer A			
CITY: Sandersville	STATE: _MS	ZIP: 39439	
PHONE NUMBER (INCLUDE AREA CODE): 601.426.8080			
FACILITY INFORMATION			
FACILITY NAME: HSRC Seneca Terminal			
CONTACT NAME & POSITION: Karen Shea, Environmental Engineer			
CONTACT PHONE NUMBER (INCLUDE ARE	A CODE): _601.426.8080		
PRIMARY STANDARD INDUSTRIAL CLAS 5171 Petroleum Bulk Station	SIFICATION (SIC) CODE & DESCRIP s and Terminals	TION OF INDUSTRIAL ACTIVITY:	



PHYSICAL SITE ADDRESS STREET: Seneca Road				
CITY: Lumberton COUNTY: Lamar	ZII	:_39455		
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:				
LATITUDE: 31 degrees 02 minutes 30 seconds LONGITUDE:	89 degrees 26 minute	s <u>41</u> seconds		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING	THE SITE: Little Black (Creek		
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	YES	XNO		
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STRE	AM SEGMENT? YES	□NO		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	!	X YES NO		
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WIF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions		X 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 PERM	ит?	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.				
Casey Frederick	03-01-	2021		
Signature ¹	Date			
Coons Fredorish	Vice President-Enviror	imental, Health,		
Casey Frederick Printed Name ¹	and Safety 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 officer After signing please mail to: Chief, Environmental Permits Division, 	s:	cial.		
MS Department of Environmental Quality, Off P.O. Box 2261	fice of Pollution Control			

Jackson, Mississippi 39225