



INDUSTRIAL STORMWATER GENERADERERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 5 3 7

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: Craig W. Borgmeyer, Director of Environmental Engineering EMAIL ADDRESS: Cborgmeyer@kcsouthern.com COMPANY NAME: The Kansas City Southern Railway Co. STREET OR P.O. BOX: P.O. BOX 219335 CITY: Kansas City STATE: MO ZIP: 64121-9335 PHONE NUMBER (INCLUDE AREA CODE): (816) 983-1603 FACILITY INFORMATION FACILITY NAME: KCS - Corinth Yard CONTACT NAME & POSITION: Philip Moore. Machinist CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 574-4838

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:



4 0 1 Land Transportation & Warehousing

E G E I V E

ISOS a 1 HAM

MDEO

PHYSICAL SITE ADDRESS STREET: 3238 Kendrick Road					
CITY: Corinth	_county: Alcorn	ZII	_{P:} 38834		
PROVIDE THE COORDINATES	OF THE PLANT ENTRANCE:				
	minutes 41.4 seconds LONGITUDE: 88 deg				
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Bridge Creek					
IS RECEIVING STREAM ON I	YES	■ NO			
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO					
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)					
IS A COPY OF THE SWPPP AT T		YES NO			
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).					
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 CH	ANGES TO COMPLY WITH THE NEW PERMIT?	NA	YES NO		
IS A REVISED COPY OF THE SW	PPP ATTACHED?	NA	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.					
Craigh On		/11/20.	21		
Signature ¹	D	ate			
Craig W. Borgmeyer Director,		Env. Engineering			
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 officer, mayor, or ranking elected official. 					
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Pollu P.O. Box 2261 Jackson, Mississippi 39225	tion Control			



8234 Marshall Drive Lenexa, Kansas 66214 913.340.3160

www.tishazmat.com

March 15, 2021

TRANSMITTAL LETTER

Chief, Environmental Permits Division MS Department of Environmental Quality Office of Pollution Control 515 East Amite St. Jackson, MS 39201

RE: ISGP RE-COVERAGE FORMS Kansas City Southern (KCS) Railroad Facilities

Quantity 1	Description KCS - Corinth Yard; MSR001537		
1	KCS - Gulfport Yard; MSR001769		
1	KCS - High Oak Yard; MSR001763		
1	KCS - Meridian Yard; MSR002092		
E W		G . W	
For Your:		Sent Via:	D
	Use		_ Regular Mail
X	Approval		UPS
	Review/Comment	X	Federal Express
	Information		Courier
	Other		Other

Comments: Please find enclosed, one re-coverage form for each of the above-referenced KCS facilities. If you have any questions, please contact me by email at ceaton@tishazmat.com or by phone at (913) 634-3893. Thank you.

Transmitted By:

Chris Eaton

Sr. Environmental Scientist

hris Eaton

cc:

Craig Borgmeyer, KCS Director of Environmental Engineering RECEIVED MAR 1 6 REC'D

Dept. of Environmental Quality