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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
MAR 21 2022
Dept. 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~~-0-0-2-7-~~ 02609. 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

Contact Name and Position: Beau Hale

Company Name: Terracon

Street (P.O. Box): 859 Pear Orchard Road

City: Ridgeland **State:** MS **Zip:** 39157

Phone Number: (769) 233-2041

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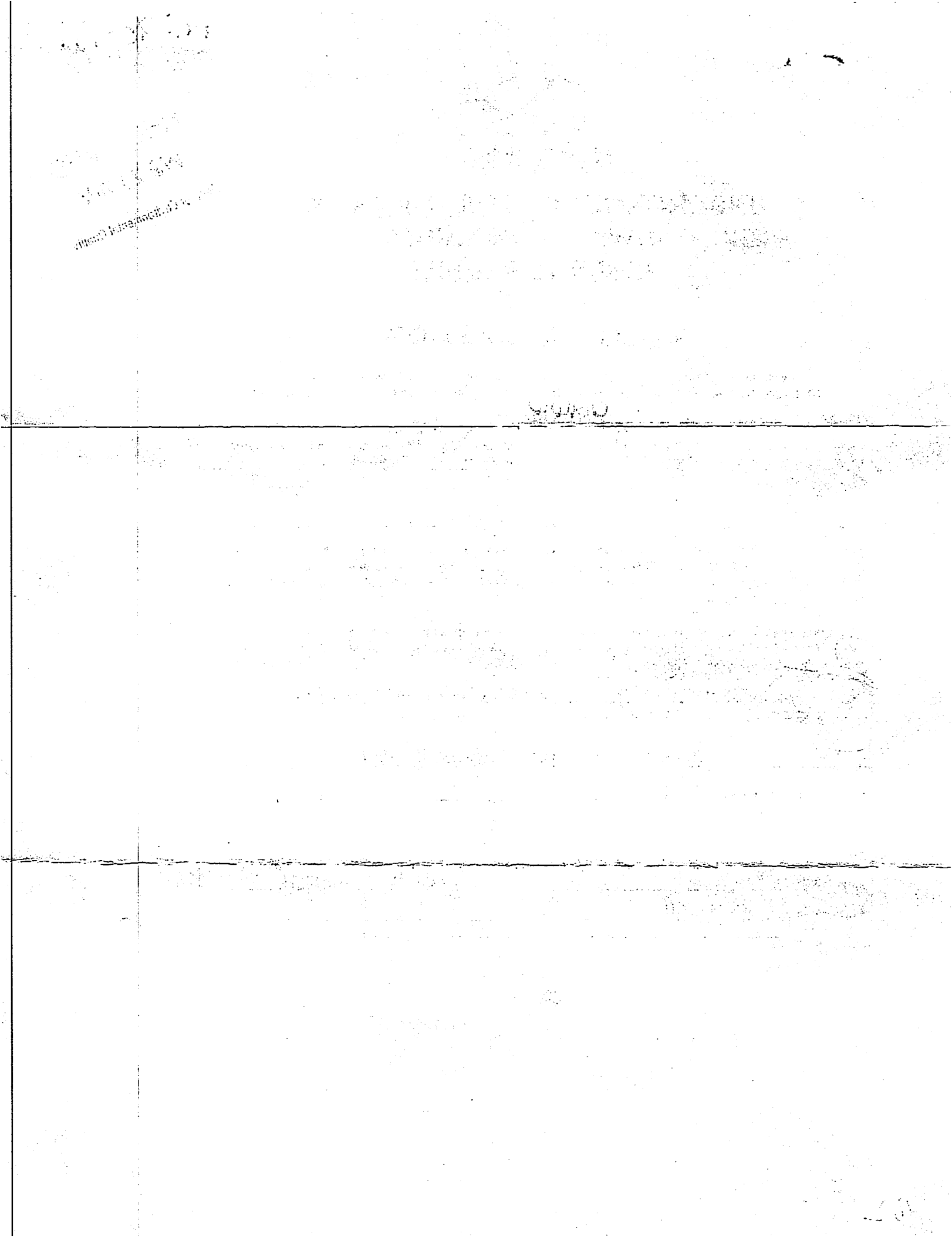

PROJECT INFORMATION

Project Name: Thomasville Mini-Mart

Contact Name and Position: Beau Hale / Environmental Department Manager

Contact Phone Number: (769) 233-2041

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

Street: 2489 Start Road

City: Florence **County:** Rankin **Zip:** 39073

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater being discharged (check all that apply)?

☑ **Surface Water (list nearest named receiving waterbody):** Dry Creek

☐ **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: _____

Title: _____ **Telephone Number:** (____) _____

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.

_____ 3/17/2022

Signature[1] **Date**

Beau Hale Environmental Department Manager

Printed Name **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