

**T&M Terminal Company** 

Facility Address: 355 Highway 588 East, Collins Mississippi, 39428 • (601)765-6539

Mailing Address: P.O. Box 1027, Collins Mississippi, 39428

January 29, 2021

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

Re:

Industrial Stormwater General Permit

Re-Coverage Form

T&M Terminal Company

Highway 588 East, Collins, Covington County, Mississippi

Permit No. MSR002382

AI No. 3690

To Whom It May Concern:

In accordance with the letter dated December 29, 2020, T & M Terminal Company is submitting the Industrial Stormwater General Permit Re-Coverage Form to maintain coverage under the general permit.

If you have questions regarding this submittal, please contact Mr. Steve Brady at (856) 687-5553.

Regards

Neal Sahni

Senior Director, Logistics

cc: Yvonne Baker, Providence Steve Brady, PBF Logistics Jim Sanders, T&M Terminal

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## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM



## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2 3 8 2

## **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: Jim Sa	nders - Terminal Manager		
EMAIL ADDRESS: james.sanders@	pbfenergy.com		
COMPANY NAME: T & M Terminal (	Company		
STREET OR P.O. BOX: 355 Highway	588		
CITY: Collins	STATE: Mississippi	ZIP: 39428	
PHONE NUMBER (INCLUDE AREA CODE): 601-765-6593			
FACILITY INFORMATION			
FACILITY NAME: T & M Terminal (	Company		
CONTACT NAME & POSITION: Jim Sander	s - Terminal Manager		
CONTACT PHONE NUMBER (INCLUDE A	REA CODE): 601-765-6593		
	ASSIFICATION (SIC) CODE & DESCRIPTION	OF INDUSTRIAL ACTIVITY:	
5 1 7 1 Petroleum Bulk Stations and Terminals			

PHYSICAL SITE ADDRESS STREET: 355 Highway 588			
CITY: Collins COUNTY: Covington z	<sub>IP:</sub> 39428		
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:			
LATITUDE: 31 degrees 38 minutes 25 seconds LONGITUDE: 89 degrees 31 minut	es 11 seconds		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Okatoma Creek			
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	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 THE PERMITTED SITE?	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).	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 PERMIT?	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 stor industrial activity under this general permit. I understand that discharging pollutants in storm water associated wi waters of the state without NPDES coverage is in violation of state law.	m water associated with th industrial activity to		
/lyv9 1/29/202	,		
Signature /Date			
Neal Sahni Senior Director, Logist	tics		
Printed Name <sup>1</sup> Title			
<sup>1</sup> 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.			
<ul> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected officer.</li> </ul>	cial.		
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