



Certified Mail No.

February 19, 2021

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

**Subject: Baseline Storm Water General Permit Re-Coverage Form**

Martin Operating Partnership, LP  
Pascagoula Terminal  
5320 Ingalls Ave  
Pascagoula, Mississippi  
**Permit No. MSR001886**

Dear Sir or Madam:

Martin Operating Partnership, LP (Martin) is submitting the enclosed Re-Coverage form for the continuation of coverage under the newly reissued general permit. There has not been a change in design, construction, operation or maintenance of the facility resulting in the increase of discharge of pollutants to waters of the State. The current SWPPP is effective at controlling storm water pollutants.

It is understood that Martin will have to access and print the new Certificate of Coverage from MDEQ's enSearch feature. Martin realizes it may take up to 60 days for the new Certificate of Coverage to be generated by MDEQ. In the meantime, Martin will keep a copy of the signed and completed Re-Coverage form as proof of coverage until the Certificate of Coverage can be obtained.

If you have any questions or require additional information please contact Robert J. McCarty at (251) 586-4894 or robert.mccarty@martinmlp.com.

Sincerely,

Carl DiMario  
Waste Program Manager

cc: Tommy Godwin, Martin  
Randall Whitmore, Martin  
Robert J. McCarty, Martin



# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

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

## 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: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET OR P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (INCLUDE AREA CODE): \_\_\_\_\_

## FACILITY INFORMATION

FACILITY NAME: \_\_\_\_\_

CONTACT NAME & POSITION: TOMMY GODWIN - AREA MANAGER

CONTACT PHONE NUMBER (INCLUDE AREA CODE): \_\_\_\_\_

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
5 1 7 1 BULK PETROLEUM STORAGE

**PHYSICAL SITE ADDRESS**

STREET: 5320 INGALLS AVE

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:**

LATITUDE: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds      LONGITUDE: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: \_\_\_\_\_

IS RECEIVING STREAM ON MDEQ's 303(d) LIST?       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 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 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.



\_\_\_\_\_  
Signature<sup>1</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name<sup>1</sup>

WASTE PROGRAM MANAGER  
\_\_\_\_\_  
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.
- 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 Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225