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MDEQ

# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 1 8 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: Latasha D. McCullar, Vice President of Operations  
EMAIL ADDRESS: tmccullar@blacklidge.com  
COMPANY NAME: Blacklidge Emulsions Inc.  
STREET OR P.O. BOX: 12251 Bernard Parkway, Suite 200  
CITY: Gulfport STATE: MS ZIP: 39503  
PHONE NUMBER (INCLUDE AREA CODE): 800-866-3878

## FACILITY INFORMATION

FACILITY NAME: Blacklidge Emulsions Inc.

CONTACT NAME & POSITION: Latasha D. McCullar, Vice President of Operations

CONTACT PHONE NUMBER (INCLUDE AREA CODE): Office: 800-866-3878 Cell: 601-259-1894

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2951 Major Group 29: Petroleum Refining And Related Industries | Industry Group 2951 Asphalt Paving Mixtures, Roofing Materials and Blocks

m

**PHYSICAL SITE ADDRESS**

STREET: 11030 Reichold Road


CITY: Gulfport COUNTY: Harrison ZIP: 39503**PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:**LATITUDE: 30 degrees 25 minutes 36.8 seconds LONGITUDE: 89 degrees 01 minutes 08.3 secondsNEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Ditch BayouIS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☐ YES ☒ NOIF 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 ☐ NOIS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? ☒ YES ☐ NO  
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 CHANGES TO COMPLY WITH THE NEW PERMIT? ☐ YES ☐ NOIS 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>3-19-21  
DateLatasha D. McCullar  
Printed Name<sup>1</sup>Vice President Operations  
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.

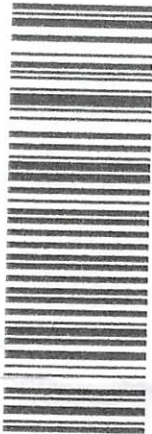
After signing please mail to: Chief, Environmental Permits Division,  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225



7017 2400 0001 1424 7598

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®

7017 2400 0001 1424 7598  
7017 2400 0001 1424 7598U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com)®.**ROBERT OKEN AND SISTER**

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

\$

Total Postage and Fees

\$

Sent To OPC, EPD, MDEQ

PO Box 2261

Street and City, State Jackson, MS 39225

City, State

Postmark  
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OPC, EPD, MDEQ  
PO Box 2261  
Jackson, MS 39225



9590 9402 3555 7305 9100 45

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

# BLACKLIDGE<sup>®</sup>

12251 Bermard Parkway Suite 200 | Gulfport, MS 39503  
Phone: (800) 866-3878 | Fax: (228) 864-0437

March 19, 2021

CERTIFIED MAIL: 7017 2400 0001 1424 7598

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

RECEIVED  
MAR 22 2021

MDEQ

Re: **Blacklidge Emulsions Inc.**  
**Industrial Storm Water Re-Coverage**  
**Permit No. MSR001882**  
**11030 Reichold Road**  
**Harrison County**  
**Gulfport, MS**

Chief:

Blacklidge Emulsions Inc. hereby submits this Industrial storm water general permit re-coverage form for the above referenced facility. The Industrial storm water permit serves all operations on this site. Please note facility address (11030 Reichold Road) and better SIC classification for the operation.

Please contact me at 800-866-3878 if you have any questions or require additional information. Thank you for your assistance in this matter.

Sincerely,



LaTasha McCullar  
VP of Operations  
[tmccullar@blacklidge.com](mailto:tmccullar@blacklidge.com)  
(601) 259-1894

Attachment – Industrial Storm Water Re-Coverage Form

