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March 10, 2021

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

RE: Industrial Stormwater General Permit Re-coverage Form and Storm Water Pollution
Prevention Plan Amendment
CF Rail Services
4115 MS-19
Meridian, Mississippi 39301

Dear Sir or Madam:

On behalf of CF Rail Services, Allen Engineering and Science (AllenES) is pleased to submit the attached Industrial Stormwater General Permit (ISGP) Re-coverage Form and the amended Storm Water Pollution Prevention Plan (SWPPP) for the above-referenced site. The attached documents are submitted to satisfy the requirements of the newly issued ISGP for Industrial Activities.

If there are any questions regarding this submission, then please don't hesitate to contact me at (601) 696-7146.

Sincerely,
Allen Engineering and Science

Travis Beard
Environmental Scientist

CC: Tonya Jackson, EHS & QA Manager

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Dept. of Environmental Quality

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INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 2 1 9 0

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:	Tonya Jackson, EHS & QA Manager		
EMAIL ADDRESS:	Tonya.Jackson@cfrailservices.com		
COMPANY NAME:	CF Rail Services		
STREET OR P.O. BOX:	4115 MS-19		
CITY:	Meridian	STATE:	Mississippi
		ZIP:	39301
PHONE NUMBER (INCLUDE AREA CODE):	(601) 453-1969		

FACILITY INFORMATION

FACILITY NAME:	CF Rail Services
CONTACT NAME & POSITION:	Tonya Jackson, EHS & QA Manager
CONTACT PHONE NUMBER (INCLUDE AREA CODE):	(601) 453-1969
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:	4789 Transportation Services, not elsewhere classified

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PHYSICAL SITE ADDRESS

STREET: 4115 MS-19, Meridian, MS 39301

CITY: Meridian

COUNTY: Lauderdale

ZIP: 39301

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 17 minutes 25 seconds

LONGITUDE: 88 degrees 29 minutes 50 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Unnamed Tributary of Hurricane Creek

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?

☒ 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 ☐ 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.

Signature¹

Date

3/10/21

Printed Name¹

Tonya Jackson

EHS & QA Manager

Title

¹This 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