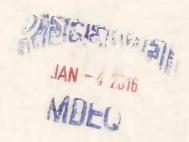
· AI #56544





BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 2 0 5 3

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Baseline General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 45 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 (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be 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 Baseline 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: X owner/operator facility (please check one)

COVERAGE RECIPIENT INFORMATION					
CONTACT NAME & POSITION: Carl D. Akins Director, Environmental & Hazmat					
COMPANY NAME: The Kansas City Southern Railway Company					
STREET OR P.O. BOX: P.O. Box 219335					
CITY: Kansas City	STATE: Missouri	ZIP:64121-9335			
PHONE NUMBER (816) 983-1343	EMAIL: CAkins@KCSouthern.com				

FACILITY INFORMATION

	TIACIDIT I II II ORIGINIZITO	- 1			
FACILITY NAME: KCSR - Union Yard					
CONTACT NAME & POSITION: Lee Martin Mechanical Foreman					
CONTACT PHONE NUMBER (601) 527-2594 EMAIL: LMartin@KCSouthern.com					
PRIMARY STANDARD INDUSTRIAL CLAS	SIFICATION (SIC) CODE & DESC	CRIPTION OF INDUSTRI	AL ACTIV	ITY:	
4 0 1 1 Land Transportation &	Warehousing				
PHYSICAL SITE ADDRESS: STREET: Intersection of Gum Street & Front Street					
CITY: Union COUNTY:	COUNTY: Newton ZIP: 39365				
PROVIDE THE COORDINATES OF THE PI	ANT ENTRANCE:				
LATITUDE: 32 degrees 34 minutes 15.8 seconds LONGITUDE: 89 degrees 07 minutes 20.9 seconds					
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Chunky Creek					
IS RECEIVING STREAM ON MDEQ's 303	6(d) LIST?		XYES	NO	
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?		ENT?	YES	XNO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)					
1. IS A COPY OF THE SWPPP AT THE PER			X YES	NO	
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? X YES IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).					
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. 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.					
C-10.		12/30/2018	6		
Signature ¹	I	Date			
Carl D. Akins		Director, Environmen	tal & Hazr	mat	
Printed Name ¹		Title	tui O I IuZi	nut	
¹ This form shall he signed according to ACT14, T - For a corporation, by a responsible corporate - For a partnership, by a general partner For a sole proprietorship, by the proprietor For a municipal, state or other public facility,	officer.	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				

Page 2 of 2