AI # 4853

storm water pollutants.





# BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 0 2 8

#### INSTRUCTIONS

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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		

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 b	e mailed to: 🕡 owner/opera	tor facility (please check one)
COVI	ERAGE RECIPIENT INFORM	MATION
CONTACT NAME & POSITION: Michael A	. Smith, P.E. Port Engineer	
COMPANY NAME: Jackson County Port.	Authority	
STREET OR P.O. BOX: P.O. Bopx 70	.=#iEEdd():111	
CITY: Pascagoula	STATE: MS	ZIP: <u>39568</u>
PHONE NUMBER (228) 762-4041	EMAIL: msmith@portor	Granda and a com

#### **FACILITY INFORMATION**

FACILITY NAME: Port of Pasca	agoula East and West Facilities, Full Service Deepwater	Port Facility		
CONTACT NAME & POSITION:	Michael A. Smith, Port Engineer	<u> استارات استنا</u>		
CONTACT PHONE NUMBER (22	762-4041 EMAIL: msmitth@portofpascagou	a.com		
PRIMARY STANDARD INDUSTR	IAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF IND	USTRIAL ACTIVITY:		
4 4 9 1 Port and Marine	e Cargo Handling			
PHYSICAL SITE ADDRESS:	STREET: Port River Road (West) and East Port	Road (East)		
CITY: Pascagoula	COUNTY: Jackson	ZIP: 39567		
PROVIDE THE COORDINATES O	OF THE PLANT ENTRANCE:			
LATITUDE: 30 degrees 21 m	inutes 50.7 seconds LONGITUDE: -88 degrees 34	minutes <u>10.2</u> seconds		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Pascagoula Rvr/Bayou Casotte				
IS RECEIVING STREAM ON MI	DEQ's 303(d) LIST?	✓ YES NO		
HAS A TMDL BEEN ESTABLISHI	ED FOR THE RECEIVING STREAM SEGMENT?	✓ YES NO		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
		✓ YES NO		
1. IS A COPY OF THE SWPPP AT				
2. IS THE SWPPP UP-TO-DATE A IF NO, PLEASE ATTACH REQ	ND EFFECTIVE IN CONTROLLING STORM WATER POLLUTAL UIRED SWPPP AMENDMENTS (see Instructions on front page).	NTS? ✓ YES  NO		
system designed to assure that qualified person or persons who manage the systhe best of my knowledge and belief, to information, including the possibility of	document and all attachments were prepared under my direction or so dipersonnel properly gathered and evaluated the information submitted tem, or those persons directly responsible for gathering the information rue, accurate and complete. I am aware that there are significant penals of fine and imprisonment for knowing violations.	ed. Based on my inquiry of the n, the information submitted is, to lties for submitting false		
	en coverage is terminated the facility is no longer authorized to dischar permit. I understand that discharging pollutants in storm water associa verage is in violation of state law.			
CAARINI ON	, / 2	12-16		
Signature <sup>1</sup>	Date	1 2016		
Mark McAndrews Printed Name <sup>1</sup>	Port Director Title			
<sup>1</sup> This form shall be signed according to - For a corporation, by a responsible - For a partnership, by a general pa - For a sole proprietorship, by the p	o ACT14, T-9 of the General Permit, as follows: e corporate officer. rtner.	ficial.		
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Pollution Contr P.O. Box 2261 Jackson, Mississippi 39225	ol		

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## PORT OF PASCAGOULA

Web Site: www.portofpascagoula.com

### Mississippi's Largest Port

JACKSON COUNTY
PORT AUTHORITY

Port of Pascagoula

3033 Pascagoula St. P.O. Box 70 Pascagoula, Mississippi 39568-0070

Tel: 228-762-4041 Fax: 228-762-7476

Miami Office

15002 SW 146th St. Miami, Florida 33196

Tel: 305-254-3117 Fax: 305-252-7936 January 8, 2016

Mr. Jim Morris Chief, General Permits Branch Environmental Permits Division Mississippi Dept of Environmental Quality Office of Pollution Control P.O. Box 10385 Jackson, MS 39289-0385

RE: Port of Pascagoula East and West Facilities, Full Service Deepwater, Port Facility Storm Water Baseline General Permit No. MSR00 1028 Jackson County

Dear Mr. Morris:

Our request for re-coverage under the Mississippi Reissued Baseline Storm Water General NPDES Permit MSR00 for the East Bank and West Bank facilities located at the Port of Pascagoula is attached for your files. If you have any questions or need further information, please contact the undersigned at 228-762-4041.

Sincerely, PORT OF PASCAGOULA

Michael A. Smith, P. E.

Port Engineer

Enclosure