



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 3 1 6

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: BOB DEARTH / EHS MANAGER		
EMAIL ADDRESS: dbearth@STEHMO.com		
COMPANY NAME: ST ENGINEERING HALTER MARINE AND OFFSHORE, INC. (STEHMO		
STREET OR P.O. BOX: 601 BAYOU CASOTTE PARKWAY		
CITY: PASCAGOULA STATE: MS ZIP: 39581		
PHONE NUMBER (INCLUDE AREA CODE): 228-762-0010		
FACILITY INFORMATION		
FACILITY NAME: ST. ENGINEERING HALTER MARINE AND OFFSHORE, INC.		
CONTACT NAME & POSITION: BOB DEARTH / EHS MANAGER		
CONTACT PHONE NUMBER (INCLUDE AREA CODE): ZZ8 - 762 - 0010		
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 3533 DIL AND GAS FIELD MACHINERY AND EQUIPMENT		



PHYSICAL SITE ADDRESS STREET: 601 BAYOU CASOTTE PARKWAY		
CITY: PASCA GOULA COUNTY: JACKSON	ZIP: 39581	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:	C\$ UU	
LATITUDE: 30 degrees 21 minutes 24, 972 LONGITUDE: 88 degrees 30 minutes 42, 5844		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: BAYOU CASOTTE		
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	X YES NO	
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREA	m segment? Yes No	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	X YES NO	
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WAIF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions of	120 1 1	
AUTO SALVAGE FACILITIES ONLY		
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH TI MDEQ NO LATER THAN JANUARY 31, 2022.	HE NEW PERMIT MUST BE SUBMITTED TO	
DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERM	TT? 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.		
SEFFREY GEHRMANIA Printed Name!	SR UP OPERATIONS	
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		

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