

AI#9039



RECEIVED
JAN 26 2021

INDUSTRIAL STORMWATER GENERAL PERMIT.

RE-COVERAGE FORM MDEQ

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 1821

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: Rebekah Phyfer - Environmental Engineer
EMAIL ADDRESS: rebekah.clarke@ergon.com
COMPANY NAME: Ergon, Inc.
STREET OR P.O. BOX: P. O. Box 1636
CITY: Jackson STATE: MS ZIP: 39215
PHONE NUMBER (INCLUDE AREA CODE): 601-933-3043

FACILITY INFORMATION

FACILITY NAME: Ergon Biofuels
CONTACT NAME & POSITION: Rebekah Phyfer - Environmental Engineer
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-832-8460
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

SR

CB 1/14/21

100-3333
JAN 28 1953

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

PHYSICAL SITE ADDRESS
 STREET: 1833 Haining Rd
 CITY: Vicksburg COUNTY: Warren ZIP: 39183

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: 32 degrees 23 minutes 19 seconds LONGITUDE: 90 degrees 53 minutes 57 seconds
 NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Unnamed Tributary of Yazoo River
 IS RECEIVING STREAM ON MDEQ's 303(d) LIST? YES NO
 NO

IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES

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

1/14/21
 Date

Craig Busbea
 Printed Name¹

VP - Business Development
 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

CONFIDENTIAL
The following information is being furnished to you for your information only. It is not to be disseminated outside your organization.

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