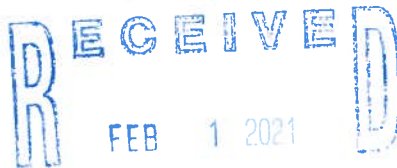




MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY



BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

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

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: ☒ owner/operator ☒ facility (please check one)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Christopher McNeil, HSE Manager

COMPANY NAME: Plains Pipeline, L.P.

STREET OR P.O. BOX: 140 Mayfair Rd

CITY: Hattiesburg

STATE: MS

ZIP: 39402

PHONE NUMBER (251) 261-8664

EMAIL: CPMcNeil@paalp.com

FACILITY INFORMATION

FACILITY NAME: <u>Plains Pipeline LP, Lumberton Station</u>	
CONTACT NAME & POSITION: <u>Jared Slade, District Manager</u>	
CONTACT PHONE NUMBER (601) <u>796-5650</u>	EMAIL: <u>JLSladc@paalp.com</u>
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: <u>4 6 1 2 Crude Oil Transmission by Pipeline</u>	
PHYSICAL SITE ADDRESS:	STREET: <u>82 Hess Rd</u>
CITY: <u>Lumberton</u>	COUNTY: <u>Lamar</u> ZIP: <u>39402</u>
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE: LATITUDE: <u>31</u> degrees <u>01</u> minutes <u>55</u> seconds LONGITUDE: <u>-89</u> degrees <u>26</u> minutes <u>50</u> seconds	
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: <u>unnamed tributary of red creek</u>	
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 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.

Signature¹

Date

Christopher McNeil
Printed Name¹

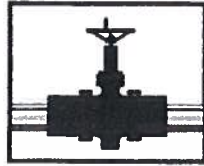
HSE Manager
Title

¹This form shall be signed according to ACT14, 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



PLAINS
PIPELINE, L.P.



Certified Mail No.: 7010 1870 0001 4878 7614

January 27, 2021

Krystal Rudolph
Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

Reference: Plains Pipeline LP, Lumberton Station Permit No. MSR002290
Industrial Stormwater General Permit Re-Coverage Form
Lamar County

Dear Ms. Rudolph,

Attached you will find the Re-Coverage Form for the reissued general permits for Plains Pipeline L.P, Lumberton Station Permit No. MSR002290. The submittal of the form is within 90-days date on the received Letter of Instruction for Baseline Re-Coverage.

If you have any questions or require additional information, please contact Ms. Ashley Swinney at 225-265-2353 or e-mail at amswinney@paalp.com or myself at 251-261-8664 or e-mail at CPMcNeil@paalp.com.

Christopher McNeil
Manager, Health, Safety & Environmental