



# VT Halter Marine

A company of VT Systems

February 18, 2021

Chief, Environmental Compliance and Enforcement Division  
Mississippi Department of Environmental Quality  
Office of Pollution Control  
P.O. Box 2261  
Jackson, MS 39225

RECEIVED  
FEB 22 2021  
MDEQ

Dear Sir:

Enclosed please find the Industrial Storm Water General Permit Re-coverage form for VT Halter Marine – MPM Operations, Permit Number 000688

If you have any questions or concerns, please do not hesitate to contact me at 228-696-6819.

Sincerely,

Robert McPherson  
Executive Vice President of Administration



# INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00  
GENERAL NPDES COVERAGE NO. MSR00 0688

RECEIVED  
FEB 22 2021  
MDEQ

## 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: Ray Sprouse, (Environmental Manager)

EMAIL ADDRESS: r.sprouse@vthm.com

COMPANY NAME: VT Halter Marine

STREET OR P.O. BOX: 900 Bayou Casotte Parkway

CITY: Pascagoula STATE: MS ZIP: 39581

PHONE NUMBER (INCLUDE AREA CODE): 228-696-6819

## FACILITY INFORMATION

FACILITY NAME: VT Halter Marine, Moss Point Marine Operations

CONTACT NAME & POSITION: Ray Sprouse, (Environmental Manager)

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 228-696-6819

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
3731 Ship building and Repair (3731)

**PHYSICAL SITE ADDRESS**

STREET: 7801 Trinity Dr

CITY: Escatawpa

COUNTY: Jackson

ZIP: 39552

**PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:**

LATITUDE: 30 degrees 27 minutes 30 seconds

LONGITUDE: -88 degrees 33 minutes 22 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Pascagoula River

IS RECEIVING STREAM ON MDEQ's 303(d) LIST?

YES

NO

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

YES

NO

**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.

Signature<sup>1</sup>

18 February 2021

Date

Robert McPherson

Printed Name<sup>1</sup>

Executive VP of Operations

Title

<sup>1</sup>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