



Sanders Kilpatrick

Manager Environmental Operations

BNSF Railway Company

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August 29, 2024

To Whom It May Concern:

Outfall 001 has been removed from the BNSF New Albany, MS facility and MSR002333 permit coverage due to the removal of DTL Fueling that previously occurred here. No industrial activity is being conducted in this area of the railyard.

Please contact me at your earliest convenience with any questions regarding this memo.

Sincerely,

A handwritten signature in black ink, appearing to read "Sanders Kilpatrick". The signature is fluid and cursive.

Sanders Kilpatrick
Manager Environmental Operations
BNSF Railway Company

Cc: Scott Thomas, Jacobs Engineering

AI: 73047

Rec'd via email:
09/09/2024

MAJOR MODIFICATION FORM FOR INDUSTRIAL STORMWATER GENERAL PERMIT

Coverage No. MSR00 _____ County _____



INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality at least 30 days in advance of the following activities (check all that apply). This form should be submitted with a modified Storm Water Pollution Prevention Plan (SWPPP), updated USGS topographic map, Corps of Engineers Section 404 documentation and wastewater collection and treatment information, as appropriate.

- Facility operations are proposed to change.
- "Footprint" identified in the original ISNOI is proposed to be enlarged.
- Stormwater Quality BMPs are proposed to be modified.

This form must be signed by the current coverage recipient under Mississippi's Industrial Stormwater General Permit, an attached SWPPP must be included, and documentation of the changes compared to the previous approved SWPPP are attached.

Coverage recipients are authorized to discharge storm water associated with proposed new operations, additional areas of activity, or modified BMPs, under the conditions of the General Permit, only upon receipt of written notification of approval by MDEQ. All other modifications must be in accordance with ACT9, S-1 (6) and S-2 (7) of the General Permit.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT NAME: _____ TEL # (____) _____

COMPANY NAME: _____

STREET OR P.O. BOX: 115 Highland Street

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

PROJECT INFORMATION

PROJECT NAME: _____

CITY: _____

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.


Signature (must be signed by coverage recipient)

_____ Date

_____ Printed Name

_____ Title

Please submit this form to:

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

O.C