



BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

The submittal of this form is required to continue coverage under Mississippi's Reissued
Baseline Storm Water General Permit MSR00

COVERAGE NUMBER: MSR00 | 100 | 1. This coverage number must be completed for your specific

project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of the Certificate of Coverage and at the top right corner of the Letter of Instruction for Re-Coverage.
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 30 days of the date of the Letter of Instruction for Re-Coverage.
Amendments are required to be attached to this form if the Storm Water Pollution Prevention Plan (SWPPP) is not current or is ineffective in controlling storm water pollutants.
The applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance.
Do not submit this form if submitting a "No Exposure Certification".
Do not submit this form if submitting a "Request for Termination" (RFT).
ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).
The Certificate of Coverage should be mailed to: owner/operator facility (please check one)
☐ OWNER ☒ OPERATOR INFORMATION (PLEASE CHECK ONE OR BOTH)
CONTACT NAME & POSITION: Clay Smith Terminal MANAger
COMPANY NAME: MGC TECNINALS LLC
STREET OR P.O. BOX: 101 15th Ave.
CITY: Meridian STATE: MS ZIP: 39317
PHONE NUMBER (INCLUDE AREA CODE):

	FACILITY INFORMATION	
FACILITY NAME: MGC	Terminals I LLC	-
CONTACT NAME & POSITION: _	Clay Smith TermiNAl MANAGE	
CONTACT PHONE NUMBER (INCLI	DE AREA CODE): 1001-1093-5115	
PRIMARY STANDARD INDUSTRIA	AL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL AC	TIVITY:
51091 tetrolue	M Bulk Stations	
PHYSICAL SITE ADDRESS (IF NO	T AVAILABLE INDICATE NEAREST NAMED ROAD):	
STREET: 101 15th C	ve.	
CITY: Meridian C	DUNTY: Lauderdale ZIP: 39	307
NEAREST NAMED WATERBODY	THAT THE STORM WATER LEAVING THE SITE WILL ENTER:	
DKAtiber Crei	· K	
STORM V	VATER POLLUTION PREVENTION PLAN (SWPPP)	
IS A COPY OF THE SWPPP AT TO	HE PERMITTED SITE? X YES NO	
2. IS THE SWPPP UP-TO-DATE ANI IF NO, PLEASE ATTACH REQUIR	DEFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? YES	s 🗆 no
the information submitted. Based directly responsible for gathering belief, true, accurate and complete I further certify that I understand storm water associated with industrial	this document and all attachments were prepared under my direction ystem designed to assure that qualified personnel properly gathered on my inquiry of the person or persons who manage the system, or the information, the information submitted is, to the best of my known. I am aware that there are significant penalties for submitting false when coverage is terminated the facility is no longer authorized to dirial activity under this general permit. I understand that discharging ustrial activity to waters of the state without NPDES coverage is in v	and evaluated those persons vledge and information. ischarge
Sty myl	110105	
Signature 0	Date	
Phillip Maple	S _VP	
Printed Name	Title	
 For a corporation, by a responsible cor For a partnership, by a general partner For a sole proprietorship, by the proprietorship 		
After signing please mail to:	Environmental Permits Division Office of Pollution Control P.O. Box 10385 Jackson, MS 39289-0385	