

AI #26522

Dallas



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

UNDERGROUND STORAGE TANK GROUNDWATER REMEDIATION GENERAL PERMIT

RE-COVERAGE FORM

The submittal of this form is required to continue coverage under Mississippi's Reissued Underground Storage Tank Groundwater Remediation Storm Water General Permit MSG12

COVERAGE NUMBER: MSG12 0 1 5 8. 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 your Certificate of Coverage or in the heading on the Letter of Instruction.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Underground Storage Tank (UST) Groundwater Remediation General Permit. This form must be completed and returned to the MDEQ at the address printed at the bottom of the back page of this form within 30 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). The owner or operator that receives coverage is responsible for permit compliance. Do not submit this form if submitting a "Request for Termination."

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

RECEIVED

COVERAGE RECIPIENT INFORMATION

JAN 19 2012

Contact Name and Position: Charles Coney, District Manager

Company Name: PPM Consultants, Inc.

Dept of Environmental Quality

Street (P.O. Box): 104 Business Park Drive, Suite HI

City: Ridgeland

State: MS

Zip: 39157

Phone Number: (601) 956-8233

PROJECT INFORMATION

Project Name: Gresham Service Station No. 1

Contact Name and Position: Michelle Boyles

Contact Phone Number: (662) 265-5812

Physical Site Address (if not available indicate nearest named road):

Street: 100 Front Street

City: Indianola

County: Sunflower

Zip: 38751

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater being discharged (check all that apply)?

Surface Water (list nearest named receiving waterbody): _____

POTW

Wastewater Collection Authority (if different than POTW)

If discharge is to a POTW and/or Wastewater Collection Authority, provide the following:

POTW Contact Name: Joseph Wilson

Title: City Water Department

Telephone Number: (662) 207-1410

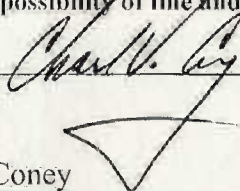
Wastewater Collection Authority Contact Name: _____

Title: _____

Telephone Number: (_____) _____

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.

Signature¹



Charles V. Coney

Printed Name

January 19, 2012

Date

District Manager

Title

¹This form shall be signed according to the General Permit, ACT9, T-7 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
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

Revised: April 6, 2011