

March 4, 2021

Certified Mail Return Receipt No: 9171 9690 0935 0154 9767 22

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

Industrial Stormwater General Permit Re-Coverage Form Chevron Products Company Pascagoula Refinery General Permit NO. MSR000391

Dear Ms. Bass:

This correspondence is intended to serve as notification of re-coverage for the Industrial Stormwater General Permit for Industrial Activities, formerly Baseline Stormwater General Permit, for the Chevron Pascagoula Refinery.

In accordance with ACT 16, Requirement T-2 of the General Permit, we are submitting the completed Re-coverage Form for our site.

If there are any questions or comments, please contact Danielle Wold, Environmental Specialist, at (228) 938-4661 or daniellewold@chevron.com.

Regards,

Chris Cavote

DW:chm #584.19 Enclosure



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 3 9 1

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).

COV	ERAGE RECIPIENT INFORMATION	N
CONTACT NAME & POSITION: Chris Ca	avote, Refinery General Manager	
EMAIL ADDRESS: CCavote@chevro	n.com	
COMPANY NAME: Chevron Products	Company	
STREET OR P.O. BOX: PO Box 1300		
CITY: Pascagoula	STATE: Mississippi	_{ZIP:} 39568
PHONE NUMBER (INCLUDE AREA CODE):		
FACILITY INFORMATION		
FACILITY NAME: Pascagoula Refin	ery	
CONTACT NAME & POSITION: Danielle Wol	d, Environmental Specialist	
CONTACT PHONE NUMBER (INCLUDE AR	REA CODE): 228-938-4600	
	ASSIFICATION (SIC) CODE & DESCRIPTION	OF INDUSTRIAL ACTIVITY:

PHYSICAL SITE ADDRESS STREET: 250 Industrial Road				
CITY: Pascagoula COUNTY: Jackson	ZIP:	39581		
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:		491		
LATITUDE: 30 degrees 20 minutes 37 seconds LONGITUD	DE: <u>-88</u> degrees <u>29</u> minutes <u>3</u>	8 seconds		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Bayou Casotte				
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	YES	NO		
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING ST	REAM 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 IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instruction	1 WATER POLLUTANTS? ons on front page).	YES NO		
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 PR	ERMIT?	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 goverage is in violation of state law.				
Il four	3/3/2021			
Signature ¹	Date			
Chris Cavote	Refinery General Manage	er		
Printed Name ¹	Title			
This form shall be signed according to ACT16, T-9 of the General Permit, as foll 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 off				
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