I#260





MISSISSIPPI DEPARTMENT OF **ENVIRONMENTAL QUALITY**

BASELINE STORM WATER GENERAL PERMIT **RE-COVERAGE FORM**

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1 2 4 1

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 45 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 (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be 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 Baseline 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: owner/operator ightharpoonup graduate with which will be mailed to: owner/operator ightharpoonup graduate with the certificate of Coverage should be mailed to: ightharpoonup graduate	ease check one)
COVERAGE RECIPIENT INFORMATION	
CONTACT NAME & POSITION: Sherrill Fallen Plant Mar.	
COMPANY NAME: Bastech LLC	
STREET OR P.O. BOX: 30x 17858	
CITY: NATCHEZ STATE: M5 ZIP:	39122
PHONE NUMBER (601) 442-6841 EMAIL: Sallen @ 1345Techlle. Com	

FACILITY INFORMATION FACILITY NAME: BASTECH LLC NATCHEZ PLANT CONTACT NAME & POSITION: Sherrill Allen Plant Mais. Sallen ebastech LLC, COM CONTACT PHONE NUMBER 601, 442-6841 EMAIL: PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 2899 DISPERSANTS 180 L.E. PHYSICAL SITE ADDRESS: STREET: CITY: NATCHEZ COUNTY: ZIP: 39120 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE: LATITUDE: 31 degrees 31 minutes 47.16 seconds LONGITUDE: 91 degrees 26 minutes 5:96 seconds NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: ___ NO IS RECEIVING STREAM ON MDEQ's 303(d) LIST? NO HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

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.

IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? X YES

IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).

I further certify that I understand when coverage is terminated the facility is no longer authorized to discharge storm water associated with industrial activityunder this general permit. Yunderstand that discharging pollutants in storm water associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

Signature1

Printed Name

X YES

NO

NO

This form shall be signed according to ACT14, T-9 of the General Permit, as follows:

- For a corporation, by a responsible corporate officer.

IS A COPY OF THE SWPPP AT THE PERMITTED SITE?

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



180 L. E. BARRY Rd. NATCHEZ, Ms. 39120 May 29, 2014



Carla Brown

Chief, Chemical Branch

Environmental Permits Division

Dear Ms. Carla Brown:

Re: Changes in Scope of Operation

Water Ref. No. MS0046639

Since our application of 5/27/2009, some physical changes have been made to the Plant. A new Retainer Wall has been constructed around part of the outside slab (Photos attached). The remaining part of the outside slab is being converted to a loading and unloading area. At the present time, there are only Five (5) Tanks inside the wall. No other outside tanks are in service. A total of Twenty-Nine (29) Tanks have been removed and scrapped out. All other parameters are the same.

Sincerely,

Mr. W. Sherrill Allen

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Plant Manager

BASTECH L. L. C.

180 L. E. BARRY RD.

NATCHEZ, MISS. 39120