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INDUSTRIAL STORMWATER GENERAL PERMIT. RE-COVERAGE FORM MDEO

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 1821

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).

COVERAGE RECIPIENT INFORMATION					
CONTACT NAME & POSITION: Rebekah Phyfer - Environmental Engineer					
EMAIL ADDRESS: rebekah.clarke@ergon.com					
COMPANY NAME: Ergon, Inc.					
STREET OR P.O. BOX: P. O.Box 1636					
CITY: Jackson STATE: MS ZIP: 39215					
PHONE NUMBER (INCLUDE AREA CODE): 601-933-3043					
FACILITY INFORMATION					
FACILITY NAME: Ergon Biofuels					
CONTACT NAME & POSITION: Rebekah Phyfer - Environmental Engineer					
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-832-8460					
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:					



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PHYSICAL SITE ADDRESS STREET:	1833 Haining Ro	1			
CITY: Vicksburg	COUNTY:	Warren	ZI	r: 39183	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:					
LATITUDE: 32 degrees 23			grees 53 minnte	s 57 seconds	
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Unnamed Tributary of Yazoo River					
IS RECEIVING STREAM ON	MDEQ's 303(d) LIST	?	YES	NO	
				□NO	
IF VES. HAS A TMDL REENE	STARIISHED FOR T	HE DECEIVING STREAM SECA	IENT? YES	NO	
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES STORM WATER POLLUTION PREVENTION PLAN (SWPPP)					
IS A COPY OF THE SWPPP AT T			3411 (5 11111)		
				x YES NO	
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).					
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 CH	IANGES TO COMPLY	WITH THE NEW PERMIT?		YES NO	
IS A REVISED COPY OF THE SV	VPPP 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 coverage is in violation of state law.					
15/			1/14/21		
Signature ¹ Daté					
organitare.					
			P - Business D	evelopment	
Printed Name ¹			itle		
This form shall be signed according to ACT16, T-9 of the General Permit, 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				
	MS Department of En P.O. Box 2261 Jackson, Mississippi 39	vironmental Quality, Office of Pollu 0225	tion Control		

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