24974





# 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 2 2 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).

### COVERAGE RECIPIENT INFORMATION

Contact Name and Position: Charles V. Coney, RPG - District Manager						
Company Name: PPM Consultants, Inc.						
Street (P.O. Box): 625 Lakeland East Drive, Suite B						
City: Flowood	State: MS Zip: 39232					
Phone Number: (601) 956-8233	·					

PROJECT INFORMATION

	11100201 1111 01111	111011
Project Name: <u>Jr. Food Mar</u>	t No. 472	
Contact Name and Position:	Drew Bryant, JFM, Inc President	
Contact Phone Number: (60)	1) 664-7903	·
Physical Site Address (if not a	vailable indicate nearest named road):	
Street: 164 Highway 61		
City: Woodville	County: Wilkinson	Zip: 39669
WA	STEWATER DISCHARGE	INFORMATION
Where is the remediated groun	ndwater being discharged (check all tha	at apply)?
Surface Water (list neare	est named receiving waterbody): NA	
✓ POTW		
Wastewater Collection A	Authority (if different than POTW)	
If discharge is to a POTW and	l/or Wastewater Collection Authority, p	rovide the following:
POTW Contact Name: Nola	n Thompson	
Title: Utility Department S	Supervisor Telepho	one Number: (601) 888-3338
Wastewater Collection Author		
Title: NA	Telepho	one Number: ()
in accordance with a system de information submitted. Based directly responsible for gather belief, true, accurate and comp	esigned to assure that qualified personn l on my inquiry of the person or persons ing the information, the information su	s who manage the system, or those persons bmitted is, to the best of my knowledge and ant penalties for submitting false information, ons.
Signature	7	Date
Charles, V. Coney, RPG		District Manager
Printed Name		Title
For a corporation, l For a partnership, l For a sole proprieto	ing to the General Permit, ACT9, T-7 as foll by a responsible corporate officer. by a general partner. orship, by the proprietor. ate or other public facility, by principal exec	lows: utive 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

Search Type: Business Name Search Date: 09/26/2017 03:24

Criteria: ppm consultants

Search Sub-Type: Starting With

Search Thru Date: 09/24/2017

Result(s) Count: 1

## **Business Name Search Results**

Business Name	Business ID	Туре	T	Status	Create Date	T
PPM CONSULTANTS, INC.	690594	Foreign Corporation		Good Standing	12/29/1994	