



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 2 7 2. 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: William L. Burle, Jr. / President

Company Name: W. L. Burle Engineers, P.A.

Street (P.O. Box): PO Box 1293

City: Greenville State: MS Zip: 38702

Phone Number: (662) 332-2619

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PROJECT INFORMATION

Project Name: <u>Pacesetter</u>		
Contact Name and Position: <u>Glenn Young / Owner</u>		
Contact Phone Number: (<u>662</u>) <u>417-3677</u>		
Physical Site Address (if not available indicate nearest named road):		
Street: <u>2067 South Commerce Street</u>		
City: <u>Grenada</u>	County: <u>Grenada</u>	Zip: <u>38901</u>

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:

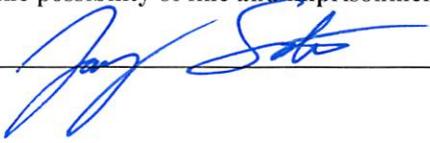
POTW Contact Name: Henry Pryor, Jr.

Title: Superintendent Telephone Number: (662) 614-1423

Wastewater Collection Authority Contact Name: Mark W. Tilghman

Title: Superintendent Telephone Number: (662) 227-3415

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  _____

Jay Santucci
Printed Name

June 1, 2022
Date

Treasurer
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



104 EAST MARKET RIDGE DRIVE
 (P.O. BOX 1709)
 RIDGELAND, MISSISSIPPI 39157 (39158-1709)
 P | 601-957-7813
 F | 601-957-8715

LETTER OF TRANSMITTAL

DATE	6/1/2022	JOB NO.	02636-2-0420
ATTENTION	Tracy Tomkins		
RE:	Pacesetter (MGPTF #4304)		
	UST General Permit (MSG120272)		
	Re-Coverage Form		
	2067 South Commerce Street		
	Grenada, MS 38901		

RECEIVED
JUN 06 2022

TO Tracy Tomkins
MDEQ / EPD – Water I Branch
P. O. Box 2261
Jackson, MS 39225-2261

Dept. of Environmental Quality

WE ARE SENDING YOU Attached Under separate cover via _____ the following items.

- Shop Drawings Prints Plans Samples Specifications
 Copy of Letter Change Order _____

COPIES	DATE	NO.	DESCRIPTION
1	6/1/2022		Pacesetter (MGPTF #4304) – UST Permit Re-Coverage Form

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

 Thank you,

 Kira Calcote, P.E.

COPY TO _____ SIGNED: Kira Calcote

If enclosures are not as noted, please notify us at once.