

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 6 0. 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."

<u>ALL INFORMATION MUST BE COMPLETED</u> (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:MSZip: <u>38702</u>
Phone Number: (662) 332-2619	



PROJECT INFORMATION

Project Name: Eureka Texac	0						
Contact Name and Position: C	lemmie Williams / Owner						
Contact Phone Number: (662							
	ailable indicate nearest named road):	a.					
Street: 103 South Eureka St	reet						
City: Greenville	County: Washington Zip: 38701						
WAS	STEWATER DISCHARGE	INFORMATION					
Where is the remediated groun	dwater being discharged (check all that	t apply)?					
Surface Water (list neares	st named receiving waterbody):						
× POTW							
Wastewater Collection A	uthority (if different than POTW)						
If discharge is to a POTW and/	or Wastewater Collection Authority, pr	rovide the following:					
POTW Contact Name: Errick	D. Simmons						
Title: Mayor Telephone Number: (662) 378-1501							
Wastewater Collection Authori	ity Contact Name:						
Title:	Title: Telephone Number: ()						
in accordance with a system de information submitted. Based directly responsible for gatheri belief, true, accurate and comp	signed to assure that qualified personne on my inquiry of the person or persons ng the information, the information sul	who manage the system, or those persons omitted is, to the best of my knowledge and ant penalties for submitting false information,					
py	to	June 1, 2022					
Signature ¹		Date					
Jay Santucci	Treasurer						
Printed Name		Title					
For a corporation, b For a partnership, b For a sole proprietor	rship, by the proprietor.	ows: 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						

Revised: April 6, 2011

Jackson, MS 39225

ENGINEERS, P.A.

LETTER OF TRANSMITTAL

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Jack	son, MS 3922	25-2261			Į					
WE ARE SE	NDING YOU	Attache	ed	Under	separate	cover	· via			the following items.
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COPIES	DATE	NO.					DES	SCRIPTION		
1	6/1/2022		Eureka T	exaco (Faci	lity ID #	#1086	8) – U	ST Permit Re-	Coverage	Form
THESE ARE	TRANSMITTE	ED as checke	d below:							
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