

## BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

The submittal of this form is required to continue coverage under Mississippi's Reissued
Baseline Storm Water General Permit MSR00

COVERAGE NUMBER: MSR00 0 0 6 3. 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 the Certificate of Coverage and at the top right corner of the Letter of Instruction for Re-Coverage.

## 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 30 days of the date of the Letter of Instruction for Re-Coverage.

Amendments are required to be attached to this form if the Storm Water Pollution Prevention Plan (SWPPP) is not current or is ineffective in controlling storm water pollutants.

The applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance.

Do not submit this form if submitting a "No Exposure Certification".

Do not submit this form if submitting a "Request for Termination" (RFT).

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: 🗵 owner/operator 🗌 facility (please check one)			
X OWNER X OPERATO	OR INFORMATION (PLEASE	CHECK ONE OR BOTH)	
CONTACT NAME & POSITION:Casey Fr COMPANY NAME:Hunt Southland Re		ger	
STREET OR P.O. BOX: P. O. Box 03899	5	of artificial shifting radio to state descriptions of the	
CITY: Tuscaloosa	STATE: Alabama	ZIP: 35403-8995	
PHONE NUMBER (INCLUDE AREA CODE):	(205) 391-3376		

FACILITI INF	UKMATION
FACILITY NAME: Hunt Southland Refining Company	Sandersville Refinery
CONTACT NAME & POSITION: Ed Soberoski, Safety	Representative
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601)	
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) C	ODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2 9 1 1 Petroleum Refining	
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NE	AREST NAMED ROAD)-
STREET: 177 Haney Road	
	ZID. 20420
CITY: Heidelberg COUNTY: Jones	ZIP:39439
NEAREST NAMED WATERBODY THAT THE STORM WATER I	EAVING THE SITE WILL ENTER:
Old Julie Branch	
	A R A BRIDGE MARKET ASSESSED.
STORM WATER POLLUTION P	REVENTION PLAN (SWPPP)
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? X	res 🗆 NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLI	NG STORM WATER POLITITANTS? X VES NO
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS.	Currently evaluating SWPPP amendments.
I certify under penalty of law that this document and all atta supervision in accordance with a system designed to assure the information submitted. Based on my inquiry of the persodirectly responsible for gathering the information, the information, true, accurate and complete. I am aware that there are I further certify that I understand when coverage is terminate storm water associated with industrial activity under this gen in storm water associated with industrial activity to waters of state law.	hat qualified personnel properly gathered and evaluated on or persons who manage the system, or those persons nation submitted is, to the best of my knowledge and e significant penalties for submitting false information. ed the facility is no longer authorized to discharge neral permit. I understand that discharging pollutants
21 Jackson	11/17/05
Signature'	Date
Steve Jackson	V.P. of Operations
Printed Name <sup>1</sup>	Title
<sup>1</sup> This form shall be signed according to the General Permit, ACT13, T-4, p - 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 of	ficer, mayor, or ranking elected official.
After signing please mail to: Environmental Permi	ts Division

Office of Pollution Control P.O. Box 10385 Jackson, MS 39289-0385