

AI #570

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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Dept of Environmental Quality

BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR000119

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 45 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 (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be 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 Baseline 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: owner/operator facility (please check one)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: John Wm. Brown President

COMPANY NAME: Brown Brothers Scrap, Metal, Inc

STREET OR P.O. BOX: 423 Central Avenue

CITY: Cleveland STATE: Ms. ZIP: 38732

PHONE NUMBER (662) 843-5741 EMAIL: brownbrothers@cableone.net

FACILITY INFORMATION

FACILITY NAME: Brown Brothers Scrap Metal, Inc

CONTACT NAME & POSITION: John Wm. Brown President

CONTACT PHONE NUMBER (662)843-5741 EMAIL: brownbrothers@cableone.net

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 5093

PHYSICAL SITE ADDRESS: STREET: 423 Central Avenue CITY: Cleveland COUNTY: Bolivar ZIP: 38732

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Jones Bayou

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? YES NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? YES NO

2. 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). 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 fine 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.

Signature: John Wm. Brown

Date: 12-11-2015

Printed Name: John Wm. Brown

Title: 12-11-2015 President

- This form shall be signed according to ACT14, 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 Permits Division, MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225

Annual Comprehensive Site Inspection and SWPPP Evaluation Report Form

Baseline Storm Water General NPDES Permit No. MSR00_b0119 County: Bolivar
(Fill in your Certificate of Coverage Number)
(Please Print or Type)

Results of the annual comprehensive site inspection and SWPPP evaluation, required by ACT 4, S-3 of the Baseline Storm Water General Permit, shall be submitted to the Department of Environmental Quality by the 21st of the following year. The last submittal of the annual comprehensive site inspection and SWPPP Evaluation Certification Form (under the current permit coverage under a required Baseline Storm Water General Permit) is not required if the SWPPP is on-line, current, and adequately addresses the deficiencies noted during the inspection.

Owner and/or Operator: John Wm. Brown
Facility Name: Brown Brothers Scrap Metal, Inc.
Facility Contact and Telephone Number: John Wm. Brown 662-588-3183
Facility Location: 423 Central Ave. Cleveland, Ms. 38732
Inspection Date and Time: _____ Inspector(s): _____

- Does the SWPPP identify all potential pollutant sources at the facility? Yes No
- Are Best Management Practices (BMPs) identified in the SWPPP being properly implemented? Yes No
- Are additional BMPs needed? Yes No If yes, please attach required amendments to the SWPPP
- Are there corrective actions needed because of deficiencies noted during the inspection? Yes No Attach an additional sheet(s) describing any deficiencies noted, corrective actions or additional BMPs required. An implementation schedule for any proposed corrective actions or additional BMPs must be included.

For the last annual report due on _____ that by signing below the referenced facility is requesting coverage under the referenced permit.

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all pollution control measures are adequate and have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and good engineering practices as required by the above referenced permit. 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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 the Mississippi Office of Pollution Control has been notified of any changes pertinent to our storm water coverage as required in ACT 4, S-3 and ACT 7, S-1, (4).

John Wm Brown 662-588-3183 [Signature] 12-11-15
Authorized Name (Print) Telephone Signature Date Signed

These reports shall be submitted annually to: Chief, Environmental Compliance and Enforcement Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 10385 2261
Jackson, Mississippi 39209-0385 39225

BASELINE STORM WATER GENERAL PERMIT
COVERAGE NUMBER (MSR00 0119)
ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPPP EVALUATION REPORT
(FOR INDUSTRIAL STORM WATER ACTIVITY)



Results of the inspections required by ACT8 of this permit shall be recorded on this report form and submitted annually (postmarked no later than the 28th day of January for the preceding calendar year). Copies of all completed forms shall be retained with the SWPPP. Inspections must be performed monthly. The last submittal of the Annual Site Inspection and SWPPP Evaluation Report Form (due no later than January 28, 2015), shall be deemed to be a notification that the coverage recipient intends to seek coverage under a reissued Baseline Storm Water General Permit. Procedures for obtaining recoveage are outlined in the general permit. The coverage number must be listed at the top of all Site Inspection Report Forms.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: Brown Brothers Scrap Metal Inc COUNTY NAME: Same
 PHYSICAL SITE ADDRESS: 423 Central Ave. :Cleveland, Ms. 38732
 CITY: Cleveland, Ms. 38732 COUNTY: Bolivar
 CONTACT PERSON: John Wm. Brown CONTACT PHONE NUMBER: 662-588-3183 (C)
 MAILING ADDRESS: 423 Central Ave. CITY Cleveland STATE: Ms. ZIP: 38732

INSPECTION DOCUMENTATION

DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	ANY DEFICIENCIES?		IF YES, WERE CORRECTIVE ACTIONS TAKEN?		INSPECTOR(S)
		Yes	No	Yes	No	
1/6/15	8:45 AM		X		X	John W. Brown
2/5/15	9:10 AM		X		X	John W. Brown
3/6/15	9:00 AM		X		X	John W. Brown
4/3/15	9:05 AM		X		X	John W. Brown
5/4/15	10:20 AM		X		X	John W. Brown
6/4/15	10:30 AM		X		X	John W. Brown
7/1/15	9:40 AM		+		+	John W. Brown
8/3/15	10:00 AM		X		X	John W. Brown
9/3/15	9:30 AM		X		X	John W. Brown
10/2/15	10:00 AM		X		X	John W. Brown
11/3/15	9:30 AM		X		X	John W. Brown
12/7/15	10:20 AM		X		X	John W. Brown

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): N/A

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): _____

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the BNOI and SWPPP information on file with MDEQ is up to date.

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.

John W. Brown
 Authorized Signature
John Wm. Brown
 Printed Name

12-11-15
 Date
President
 Title

Please submit this form to: Chief, Environmental Compliance and Enforcement Division
 MDEQ, Office of Pollution Control
 P.O. Box 2261
 Jackson, Mississippi 39225