

AI # 36573

Chris



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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JAN - 4 2003

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. MSR00 1864

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: Sheena Ethridge Sec.
COMPANY NAME: S+S Scrap & Salvage
STREET OR P.O. BOX: 15823 Hwy 63 N (PO BOX 129)
CITY: Leaksville STATE: MS ZIP: 39451
PHONE NUMBER: (601) 394-5458 EMAIL: SStimpor@TDS.net

FACILITY INFORMATION

FACILITY NAME: S&S Scrap & Salvage
 CONTACT NAME & POSITION: Sheena Ethridge
 CONTACT PHONE NUMBER: 601-394-5458 EMAIL: SStimber@TDS.net
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

 PHYSICAL SITE ADDRESS: STREET: 15823 HWY 63 N
 CITY: Leakesville COUNTY: Greene ZIP: 39451
 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: 31 degrees 7 minutes 30.76 seconds LONGITUDE: 88 degrees 30 minutes 17.39 seconds
 NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Deep Branch
 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.

Sheena Ethridge
 Signature¹

12-8-15
 Date

Sheena Ethridge
 Printed Name¹

Sec
 Title

¹This 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 1864 County: Greene
(Fill in your Certificate of Coverage Number)
(Please Print or Type)

Results of the annual comprehensive site inspection and SWPPP evaluation, required by ACT 8, S-1 of the Baseline Storm Water General Permit, are to be reported on this form by January 28th of the following year.

The last submittal of the annual Comprehensive Site Inspection and SWPPP Evaluation Certification Form (due no later than January 28, 2010), shall be deemed to be a "Notice of Intent" for re-coverage under a reissued Baseline Storm Water General Permit. Resubmittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required if the SWPPP is on-site, current, and adequately addresses the sources of pollution at the facility.

Owner and/or Operator: Phillip Smith
Facility Name: St S Scrap & Salvage
Facility Contact and Telephone Number: 601-394-5458
Facility Location: 15823 Hwy 63 N. Leakesville, MS 39451
Inspection Date and Time: 12-8-15 Inspector(s): Sheena Ethridge

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 January 28, 2010, I acknowledge that by signing below the referenced facility is requesting coverage under the reissued Baseline General 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).
Sheena Ethridge 601-394-5458 Sheena Ethridge 12-8-15
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 2261
Jackson, Mississippi 39225