

AI #7830



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

John H.
RECEIVED
DEC 29 2015
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 0242

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: WYLIE M. SMITH
COMPANY NAME: PAUL PITTMAN MEMORIAL AIRPORT (WAZHALL COUNTY)
STREET OR P.O. BOX: 805 PINE DRIVE
CITY: TYLER TOWN STATE: MS. ZIP: 39667
PHONE NUMBER (601) 876-1095 EMAIL: WM SMITH44@BELL SOUTH.NET

year 2015

BASELINE STORM WATER GENERAL PERMIT

COVERAGE NUMBER (MSR00 0292)

ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPPP EVALUATION REPORT
(FOR INDUSTRIAL STORM WATER ACTIVITY)



MISSISSIPPI DEPARTMENT OF
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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: WALTHALL COUNTY AIRPORT FACILITY NAME: PAUL PITTMAN MEMORIAL
PHYSICAL SITE ADDRESS: 141 AIRPORT ROAD
CITY: TYLERTOWN, MS. 39667 COUNTY: WALTHALL
CONTACT PERSON: WYLIE M. SMITH CONTACT PHONE NUMBER: 601-876-1095
MAILING ADDRESS: 805 PINE DR. CITY: TYLERTOWN STATE: MS. ZIP: 39667

INSPECTION DOCUMENTATION

2015 DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	ANY DEFICIENCIES?		IF YES, WERE CORRECTIVE ACTIONS TAKEN?		INSPECTOR(S)
		Yes	No	Yes	No	
01-25-15	1:22 PM		X			Wylie M. Smith
02-26-15	2:00 PM		X			Wylie M. Smith
03-24-15	9:15 AM		X			Wylie M. Smith
04-26-15	1:30 PM		X			Wylie M. Smith
05-21-15	4:15 PM		X			Wylie M. Smith
06-23-15	4:12 PM		X			Wylie M. Smith
07-25-15	5:35 PM		X			Wylie M. Smith
08-30-15	7:15 PM		X			Wylie M. Smith
09-15-15	5:11 PM		X			Wylie M. Smith
10-17-15	6:05 PM		X			Wylie M. Smith
11-14-15	10:09 AM		X			Wylie M. Smith
12-28-15	10:45		X			Wylie M. Smith

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

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.

Wylie M. Smith
Authorized Signature
WYLIE M. SMITH
Printed Name

12/28/2015
Date
AIRPORT BOARD SECRETARY
Title

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

Lynn's phone - 601-961-5504

RECEIVED
DEC 29 2015
Lynn's fax
Dept of Environmental
601-5674
Revised: 09/30/10