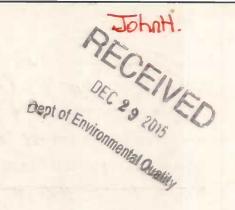
AII #7830





BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 0 2 4 2

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:
- AGII
COVERAGE RECIPIENT INFORMATION
CONTACT NAME & POSITION: WYLIE M. SMITH
COMPANY NAME: PAUL PITTMAN MEMORIAL AIRPORT (WASTHALL)
STREET OR P.O. BOX: 805 PINE ORIVE
CITY: TYLER TOWN STATE: MS. ZIP: 39667
PHONE NUMBER (601) 876-1095 EMAIL: WM SMITH 44 @ BELL SOUTH. NET

BASELINE STORM WATER GENERAL PERMIT COVERAGE NUMBER (MSR00 2 2 2 2) 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 recoverage are outlined in the general permit. The coverage number must be listed at the top of all Site Inspection Report Forms.

			COVI	ERAGE RECIP	ENT INFORMA	TION			
COMPANY NAM	ME: WALT	HALL.	COUNT	y AIRPORT	FACILITY NAM	E: PAUL PI	TTMAN ME	MERIAL	
PHYSICAL SITE									
					COUNTY: LA	VAZTHA	26		
							01-876-10	91-	
	,					7			
MAILING ADD	RESS: 005	FINE	1) 12.	CITY: /)	LEILTOWN	STATE	: MS. ZIP: 3	/ = 0 /	
			INS	PECTION DO	CUMENTATION				
2015	TIME ANY DEFICIENCIES? CORRECTIVE AC					NS			
DATE	TIME (hh:mm			CORRECTIVE ACTIONS TAKEN?					
(mm/dd/yy)	AM/PM)	Yes	No	Yes	No		INSPECTOR(S)		
01-25-15	1;22 pm		X			Why hi, m	tout		
02-26-15	2:00 Pm		,X			ally be 1	1. Smit		
03-24-15	9:15 AM		X			My Light	Swart		
04-26-15	1:30 PM		X			We lis m	. Arriet		
05-21-15	4:15 PM		X			Telle on	Amist.		
06-23-15	4:12 PM		Y			- stray for	m. Somet		
07-25-15	5.35 pm		Y			White.	m. Smit		
08-30-15	7:15 Pm		X			Delghis	, m. Somet		
09-15-15			X			Mah	in downt		
	4:05 pm		X			Meghi	m. print		
11-14-15	10:09 Am		X			Wester or	4. Smit		
12-28-15	10:45		X			This m	muit		
						0			
Deficiencies Noted	During any Insp	ection (give date(s); attach addit	ional sheets if no	ecessary):				
Corrective Action	Taken or Planned	(give date(s); atta	ach additional	sheets if necessar	ry):				
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							sediment controls have been		
							with the Office of Pollution		
engineering practic	es as required by	the above referen	iceu permit. I ii	urther certify tha	time BNO! and 5 w	vere information on	file with MDEQ is up to dat	E.	
I certify under pena	alty of law that th	nis document and	all attachments	were prepared	under my direction	or supervision in ac	cordance with a system desig	gned to assure that	
qualified personnel	properly gathere	ed and evaluated	the information	submitted. Ba	sed on my inquiry	of the person or per	sons who manage the system	n, or those persons	
							, accurate and complete. I a	m aware that there	
are significant pens	ittles for submitti	ng laise informati	on, including t	ne possibility of		ment for knowing vi			
Weste m. Smut						12/28	7 2015		
Authorized Signature						Date	BOARD SEC		
WYLLE M. SMITH						AIN Anot	ROADD SEC	RETARY	
Printed Name						Title	perior	,	
						1110			
Please submit this i	form to:	Chief, Environm			ment Division				
		MDEQ, Office o	f Pollution Con	ntrol			D-		
P.O. Box 2261 Jackson, Mississippi 39225							MED		
Juraoui, miosissippi 37443							、ていた	71 2	
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