

AE #5919

Becky



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. MSR00 204

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: Gerald Turan owner/partner
COMPANY NAME: Brimmer-Turan Foundry & Mach. LLC
STREET OR P.O. BOX: 10021 Lorraine Rd.
CITY: Gulfport STATE: Ms. ZIP: 39503
PHONE NUMBER: 228 896-1202 EMAIL: BrimmerTuran@ATL.com

FACILITY INFORMATION

FACILITY NAME: Brimmer-Turron Foundry & Machine LLC

CONTACT NAME & POSITION: Gerald Turron owner/partner

CONTACT PHONE NUMBER (228) 896-9669 EMAIL: brimmer-turron@aol.com

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

Alum, cast iron for foundry & machine shop

PHYSICAL SITE ADDRESS: STREET: 10021 Lorraine Rd.

CITY: Gulfport COUNTY: Harrison ZIP: 39503

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 degrees 25 minutes 7 seconds LONGITUDE: 89 degrees 1 minutes 2 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Bayou Beaudou Industrial Canal

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? YES NO
IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).

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.

Gerald Turron
Signature

1/4/16
Date

Gerald Turron
Printed Name

owner/partner
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

COVER AGE NUMBER (MSR00 00 f)
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 recovearge are outlined in the general permit. The coverage number must be listed at the top of all Site Inspection Report Forms.

COVER AGE RECIPIENT INFORMATION

COMPANY NAME: Brunner-Turner FACILITY NAME: Brunner-Turner Foundry & Mfg
 PHYSICAL SITE ADDRESS: 10021 Lorraine Ad. LLC.
 CITY: Gulfport COUNTY: Harrison
 CONTACT PERSON: Gerold Turner CONTACT PHONE NUMBER: 228-896-9669
 MAILING ADDRESS: 10021 Lorraine Ad CITY: Gulfport STATE: Ms ZIP: 39503

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	
1/30/15	2:00 pm		✓			D. Turner
2/27/15	2:15 pm		✓			D. Turner
3/27/15	2:00 pm		✓			D. Turner
4/22/15	2:30		✓			D. Turner
5/29/15	2:30		✓			D. Turner
6/24/15	2:30		✓			D. Turner
7/31/15	2:30		✓			D. Turner
8/28/15	2:30		✓			D. Turner
9/29/15	2:30		✓			D. Turner
10/30/15	2:30		✓			D. Turner
11/25/15	2:30		✓			D. Turner
12/31/15	2:30		✓			D. Turner

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.

Gerold Turner
 Authorized Signature
Gerold Turner
 Printed Name

1/9/16
 Date
owner/partner
 Title

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

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 Dept. of Environmental Quality

Annual Comprehensive Site Inspection and SWPPP Evaluation Report Form

Baseline Storm Water General NPDES Permit No. MSR00 004 County: Harrison
(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: Gerald Turan
Facility Name: Brimmer-Turan Foundry & Machine LLC
Facility Contact and Telephone Number: 228-896-9669
Facility Location: 10021 Lorraine Rd, Gulfport, Ms 39503
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 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).

12/29/15 228-896-9669 [Signature] 1/4/16
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

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