

FEI #5688

Chris



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED  
JAN 23 2017  
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-~~200~~  
2033

## 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: Gordon T Golloft Jr General Manager  
COMPANY NAME: GTG Auto Parts, LLC.  
STREET OR P.O. BOX: 12180 Highway 603  
CITY: Bay St. Louis STATE: MS ZIP: 39520  
PHONE NUMBER: 336 466-0001 EMAIL: gordon@goodtogoodautoparts.com

# FACILITY INFORMATION

FACILITY NAME: Good To Go Auto Parts  
 CONTACT NAME & POSITION: Gordon T Goilott Jr. General Manager  
 CONTACT PHONE NUMBER 628 444-0001 EMAIL: gordon@goodtogoautoparts.com  
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
5015 Auto Recycler  
 PHYSICAL SITE ADDRESS: STREET: 12150 Highway 603  
 CITY: Bay St. Louis COUNTY: Hancock ZIP: 39520  
 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
 LATITUDE: 30 degrees 20 minutes 40 seconds LONGITUDE: 89 degrees 25 minutes 25 seconds  
 NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Bayou Lacnoix  
 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.

Gordon T Goilott Jr.  
 Signature

1-19-2016  
 Date

Gordon T Goilott Jr.  
 Printed Name

owner/operator  
 Title

<sup>1</sup>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



**OUTFALL LEGEND**

- 1 PARTS WASHING GREASE INTERCEPTOR OUTFALL
- 2 NORTH DRAINAGE SWALE OUTFALL
- 3 CENTRAL DRAINAGE SWALE OUTFALL
- 4 SOUTH DRAINAGE SWALE OUTFALL
- 5 SOUTH DRAINAGE RETENTION SWALE OUTFALL
- 6 NORTH DRAINAGE RETENTION SWALE OUTFALL

**LIMITS OF INDUSTRIAL ACTIVITY EXPOSED TO STORM WATER ± 10.6 ACRES**

**PROCESS YARD ± .66 ACRES**

**DISPLAY YARD ± 9.94 ACRES**

**CUSTOMER PARKING**

**PARTS WASHING**

**GTG AUTO PARTS BLDG.**

**DRAINAGE SWALE**

**PROPERLY SIZED FUTURE DRAINAGE RETENTION SWALE**

**LEGEND**

- 1 WATER MAIN
- 2 WATER MAIN
- 3 GAS MAIN
- 4 POWER LINE
- 5 DRAINAGE SWALE
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**LEGEND**

- 1 FENCE
- 2 DRAINAGE SWALE

**BASELINE STORM WATER GENERAL PERMIT  
COVERAGE NUMBER (MSR 2033 )  
ANNUAL COMPREHENSIVE SWPPP EVALUATION FORM  
(FOR INDUSTRIAL STORM WATER ACTIVITY)**



Coverage recipients shall conduct a comprehensive evaluation of the facility's SWPPP by December 31, 2016, and annually thereafter by December 31<sup>st</sup> of each year. The evaluation shall assess the effectiveness and accuracy of the SWPPP and ensure that the SWPPP is current, up to date, and meets all the requirements of ACT5 T-1 through T-9. Should the SWPPP need to be amended based on the findings of any evaluation, a copy of the amended SWPPP must be submitted to MDEQ in accordance with ACT7 S-1 (4).

FACILITY NAME: <u>GTD Auto Parts, LLC</u>	EVALUATION DATE: <u>12/26/2014</u>																											
PHYSICAL ADDRESS: <u>12180 Hwy 603 Bay St. Louis, MS 39520</u>																												
<b>I. DESCRIPTION OF POTENTIAL POLLUTANT SOURCES</b>																												
<b>INDUSTRIAL ACTIVITIES</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 40%;">Findings &amp; Remedial Action Documentation</th> </tr> </thead> <tbody> <tr> <td>• Does the SWPPP have a list of Industrial Activities exposed to storm water?</td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td rowspan="2"></td> </tr> <tr> <td>• Has the facility added any Industrial Activities that are exposed to storm water since the previous Annual SWPPP Evaluation?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> </tr> </tbody> </table>		Yes	No	Findings & Remedial Action Documentation	• Does the SWPPP have a list of Industrial Activities exposed to storm water?	<input checked="" type="radio"/>	<input type="radio"/>		• Has the facility added any Industrial Activities that are exposed to storm water since the previous Annual SWPPP Evaluation?	<input type="radio"/>	<input checked="" type="radio"/>																
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## SITE MAP

- |     |    |
|-----|----|
| Yes | No |
|-----|----|

No

## Findings & Remedial Action Documentation

no bodies of water  
located on property

**POLLUTION PREVENTION MANAGER/COMMITTEE**

- 

## RISK IDENTIFICATION AND MATERIAL INVENTORY

- 4

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II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS (CONTINUED)			
	Yes	No	Findings & Remedial Action Documentation
<u>SEDIMENT AND EROSION PREVENTION</u> <ul style="list-style-type: none"> <li>Does the SWPPP identify areas with a high potential for soil erosion, and specify prevention measures to limit erosion?</li> <li>If so, have there been any changes to the facility which would increase the potential for soil erosion since the previous Annual SWPPP Evaluation?</li> </ul>	<input type="radio"/>  <input type="radio"/>	<input checked="" type="radio"/>  <input checked="" type="radio"/>	
<u>PREVENTIVE MAINTENANCE</u> <ul style="list-style-type: none"> <li>Does the SWPPP contain a preventive maintenance program to insure the inspection and maintenance of storm water management devices?</li> <li>If so, does the program specify protocol for inspecting and testing of equipment to preclude breakdowns or failures that may cause pollution?</li> </ul>	<input checked="" type="radio"/>  <input checked="" type="radio"/>	<input type="radio"/>  <input type="radio"/>	
<u>GOOD HOUSEKEEPING</u> <ul style="list-style-type: none"> <li>Does the SWPPP describe and list practices appropriate to prevent pollutants from entering storm water from industrial activities due to poor housekeeping?</li> <li>If so, do the practices describe or list the following: <ul style="list-style-type: none"> <li>Designated areas for equipment maintenance and repair.</li> <li>Provisions for waste receptacles at convenient locations.</li> <li>Provisions for regular collection of waste.</li> <li>Adequately maintained sanitary facilities.</li> <li>Secondary containment around any on-site fuel or chemical container with a capacity greater than 660 gallons or any combination of containers which have an aboveground storage capacity of more than 1,320 gallons.</li> <li>Secondary containment for raw material stockpiles.</li> </ul> </li> </ul>	<input checked="" type="radio"/>  <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/>  <input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	We do not have any containers with such capacity
<u>SPILL PREVENTION AND RESPONSE PROCEDURES</u> <ul style="list-style-type: none"> <li>Does the SWPPP identify potential spill areas and their drainage points?</li> <li>Does the SWPPP specify material handling procedures and storage requirements?</li> <li>Does the SWPPP have procedures for cleaning up spills?</li> <li>Have there been any changes at the facility in potential spill areas and/or their drainage points since the previous Annual SWPPP Evaluation?</li> </ul>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<u>EMPLOYEE TRAINING</u> <ul style="list-style-type: none"> <li>Does the SWPPP specify periodic training for personnel that are responsible for implementing and/or complying with the requirements of the SWPPP? (see ACT12)</li> </ul>	<input checked="" type="radio"/>	<input type="radio"/>	





II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS (CONTINUED)			
ILLCIT CONNECTIONS EVALUATION AND CERTIFICATION	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> <li>Does the SWPPP contain an illicit connection certification?</li> <li>If so, was the certification evaluation and certification completed within the last 5 years?</li> <li>Does the certification include the following?:               <ul style="list-style-type: none"> <li>Method of evaluation, date(s), observation point(s), and result(s).</li> </ul> </li> </ul>	<input type="radio"/>  <input type="radio"/>  <input type="radio"/>	<input checked="" type="radio"/>  <input type="radio"/>  <input type="radio"/>	
<u>ROUTINE VISUAL SITE INSPECTIONS</u> <ul style="list-style-type: none"> <li>Does the SWPPP describe the policy and procedures for routine visual inspections, including frequencies and areas to be inspected?</li> <li>Does the SWPPP inspection policy describe procedures for collecting storm water if the inspection is conducted during or after a storm event?</li> <li>If so, does the SWPPP inspection policy outline procedures consistent with the requirements of ACT8 S-1 to investigate, correct, and document instances in which visible pollutants are observed?</li> </ul>	<input checked="" type="radio"/>  <input type="radio"/>  <input type="radio"/>	<input type="radio"/>  <input checked="" type="radio"/>  <input type="radio"/>	
<u>STORM WATER MANAGEMENT</u> <ul style="list-style-type: none"> <li>Does the SWPPP provide for the management of storm water volume through its diversion, infiltration, storage or re-use?</li> </ul>	<input type="radio"/>	<input checked="" type="radio"/>	
III. NON-STORM WATER DISCHARGE MANAGEMENT			
<u>NON-STORM WATER MANAGEMENT</u> <ul style="list-style-type: none"> <li>Does the SWPPP identify any allowable non-storm water discharges identified in ACT2 T-3?</li> <li>Does the SWPPP identify and ensure the implementation of appropriate Best Management Practices (BMPs) for the non-storm water component of any discharge?</li> <li>Have there been any changes or additions to the allowable non-storm water discharges since the previous Annual SWPPP Evaluation?</li> </ul>	<input checked="" type="radio"/>  <input checked="" type="radio"/>  <input type="radio"/>	<input type="radio"/>  <input type="radio"/>  <input checked="" type="radio"/>	
IV. FACILITY CHANGES			
<u>SWPPP AMENDMENT</u> <ul style="list-style-type: none"> <li>Has there been a change in design, construction, operation, or maintenance, which may increase the discharge of pollutants to waters of the State or has the SWPPP been ineffective in controlling storm water pollutants?</li> </ul> <p>If so, amend the SWPPP and submit it to the MDEQ within 30 days of amendment. (ACT7 S-1 (4))</p>	<input type="radio"/>	<input checked="" type="radio"/>	



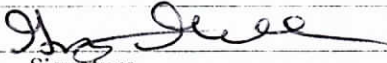
# **V. MONTHLY INSPECTION SUMMARY (Previous 12 months)**

DATE (mm/dd/yy)	TIME	ANY DEFICIENCIES?		IF YES, WERE CORRECTIVE ACTIONS TAKEN?		INSPECTOR(S)
		YES	NO	YES	NO	
1/12/2016	9:00 AM		✓			G. Collett
2/24/2016	9:00 AM		✓			G. Collett
3/23/2016	9:30 AM		✓			G. Collett
4/19/2016	10:30 AM	✓		✓		G. Collett
5/18/2016	9 AM		✓			G. Collett
6/21/2016	12 NOON		✓			G. Collett
7/11/2016	3:00 PM		✓			G. Collett
8/17/2016	10:00 AM	✓		✓		G. Collett
9/5/2016	10:30 AM		✓			G. Collett
10/3/16	11:00 AM		✓			G. Collett
11/14/16	10:00 am		✓			G. Collett
12/19/16	8 am		✓			G. Collett

## **SWPPP EVALUATION CERTIFICATION STATEMENT AND SIGNATURE:**

**SWPPP Evaluation and Certification:** This section must be completed by the person who conducted the SWPPP evaluation prior to submitting this form to the person with signature authority or a duly authorized representative.

"I certify that this report is true, accurate, and complete to the best of my knowledge and belief."

Gordon T Collett JR		Owner operator	12/28/17
Name-Printed	Signature	Title	Date

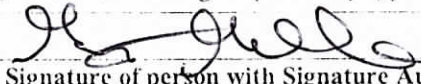
## **RO/DAR CERTIFICATION AND SIGNATURE**

### **Permittee-Certification:**

☒ The SWPPP is in compliance with the terms and conditions of the Baseline Industrial Storm Water General Permit.

☐ The SWPPP is out of compliance with the terms and conditions of the Baseline Industrial Storm Water General Permit. The SWPPP will be amended and submitted to MDEQ within 30 days of amendment.

"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 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."

Gordon T Collett, JR		12/28/17
Printed Name of person with Signature Authority or a Duly Authorized Representative <sup>1</sup>	Signature of person with Signature Authority or a Duly Authorized Representative <sup>1</sup>	Date

<sup>1</sup> A person is a Duly Authorized Representative only if 1) the authorization is made in writing and submitted to the permit board by a person described in ACT 14 T-9 ["Signatory Requirements"], and 2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated activity, such as: manager, operator of a well or well field, superintendent, person of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company.



