

AI #706

Chris



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

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JAN 14 2016

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 1247

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: Josh Parker President
COMPANY NAME: Parker Motor Company Inc.
STREET OR P.O. BOX: 489 Hwy 9 S / Po Box 770
CITY: Calhoun City STATE: MS ZIP: 38916
PHONE NUMBER: 662 628-5172 EMAIL: parkermotorco@tds.net

FACILITY INFORMATION

FACILITY NAME: Parker Motor Co Inc

CONTACT NAME & POSITION: Josh Parker President

CONTACT PHONE NUMBER 663.628-9495 EMAIL: parkermotorco@tds.net

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
7538 Salvage Yard & Body Shop

PHYSICAL SITE ADDRESS: STREET: 489 Hwy 95

CITY: Calhoun City COUNTY: Calhoun ZIP: 38916

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: 33 degrees 52 minutes 3 seconds LONGITUDE: 89 degrees 18 minutes 51 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Hurricane Creek

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.

Signature¹ Josh Parker

Printed Name¹ Josh Parker

Date 1/9/16

Title President

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

RECEIVED
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 Dept. of Environmental Quality

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: <u>Parker Motor Co</u> INC</p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>489 Hwy 9 S</u></p> <p>City: <u>Calhoun City</u> State: <u>MS</u> Zip: <u>38916</u></p> <p>County: <u>Calhoun</u></p> <p>Telephone: <u>662, 628-5172</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Josh Parker</u></p> <p>Title: <u>President</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>PO Box 1124</u></p> <p>City: <u>Calhoun City</u> State: <u>MS</u> Zip: <u>38916</u></p> <p>Telephone: <u>662, 628-9495</u></p>
<p>Item III.</p> <p>Previous Permittee¹: <u>Bobby Parker</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>PO Box 770</u></p> <p>City: <u>Calhoun City</u> State: <u>MS</u> Zip: <u>38916</u></p> <p>Telephone: <u>662, 983-5532</u></p>	<p>Item IV.</p> <p>New Permittee¹: <u>Parker Motor Co Inc</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>P.O. Box 770</u></p> <p>City: <u>Calhoun City</u> State: <u>MS</u> Zip: <u>38916</u></p> <p>Telephone: <u>662, 628-5172</u></p>
<p>Item V.</p> <p>Industrial Activity SIC Code: <u>73 7538</u></p> <p>Brief Description: <u>Salvage Yard + Body Shop</u></p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No <u>X</u></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>
<p>Item VII.</p> <p>Will Facility Name Change? Yes <u>X</u> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Parker Motor Co. Inc.</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>Parker Motor Co Inc</u></p> <p>Authorized Signature²: <u>Josh Parker</u></p> <p>Title: <u>President</u> Date: <u>1/11/16</u></p>
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>Parker Motor Co</u></p> <p>To: <u>Parker Motor Co Inc.</u> Acquisition Date: <u>10/1/15</u></p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p>	
<p><u>Parker Motor Co. Inc.</u></p> <p>Print New Permittee¹ Name</p> <p><u>Josh Parker</u></p> <p>New Authorized Signature²</p> <p><u>President</u> <u>1/9/16</u></p> <p>Title Date</p>	<p><u>Parker Motor Co.</u></p> <p>Print Previous Permittee¹ Name</p> <p><u>Bobby Parker</u> <u>14 2016</u></p> <p>Previous Authorized Signature²</p> <p><u>Owner</u> <u>1/9/16</u></p> <p>Title Date</p>

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input checked="" type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
<p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: <u>Certificate of Permit Coverage</u></p> <p>Permit/Coverage No.: <u>MSR001247</u></p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: <u>September 28 2015</u></p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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