



RECEIVED
JUN 15 2022

Dept. of Environmental Quality

Al: 80831

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 1140

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Industrial Stormwater General Permit. This form must be completed and returned to the address printed at the bottom of page 2.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is 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 Industrial Stormwater 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 INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: DALE Fleming
EMAIL ADDRESS: N/A
COMPANY NAME: Fleming Salvage
STREET OR P.O. BOX: 29 Fleming Rd
CITY: Carriere STATE: Ms. ZIP: 39426
PHONE NUMBER (INCLUDE AREA CODE): _____

FACILITY INFORMATION

FACILITY NAME: Fleming Salvage
CONTACT NAME & POSITION: Dale Fleming owner
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601 916 3862
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
1140 used auto parts

2



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

Storm Water Pollution Prevention Plan (SWPPP) Certification Form for Individual NPDES Permit Reissuance

INSTRUCTIONS

This form shall be attached to the NPDES Form 2F (or other required form) for reissuance of the individual NPDES Permit.

The current individual NPDES Permit requires a SWPPP to be maintained and implemented at the site. If the SWPPP is no longer current or does not effectively control storm water pollutants at the facility, a revised SWPPP shall be submitted to MDEQ as an attachment to the NPDES Form 2F (or other required form) submitted for reissuance of the individual permit.

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

- | | | | |
|----|---|---|-----------------------------|
| 1. | IS A COPY OF THE SWPPP AT THE PERMITTED SITE? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

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.

Dale Fleming
Signature¹

JUNE 6 22
Date

DALE FLEMING
Printed Name¹

owner
Title

¹ This form shall be signed according to 11 Miss. Admin. Code Pt. 6, Ch. 1, 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.

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	
4-3-21	10 Am	✓		✓		DF
5-5-21	10 Am		✓			VF
6-5-21	9 Am	✓		✓		DF
7-1-21	9 Am	✓		✓		DF
8-4-21	9 Am		✓			DF
9-5-21	10 Am		✓			DF
11-3-21	9 Am	✓		✓		DF
12-3-21	8 Am			✓		DF
18-1-21	10 Am		✓			DF
1-5-22	9 Am	✓		✓		DF
2-3-22	8 Am		✓			DF
3-3-22	4 Pm		✓			DF

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."

DALE FLEMING	Dale Fleming	Owner	6-6-22
Name-Printed	Signature	Title	Date

RO/DAR CERTIFICATION AND SIGNATURE
Permittee-Certification:

- ☒ The SWPPP is in compliance with the terms and conditions of the Individual NPDES Storm Water Permit.
- ☐ The SWPPP is out of compliance with the terms and conditions of the Individual NPDES Storm Water 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."

Dale Fleming	Dale Fleming	6-6-22
Printed Name of person with Signature Authority or a Duly Authorized Representative ¹	Signature of person with Signature Authority or a Duly Authorized Representative	Date

¹A person is a Duly Authorized Representative only if 1) the authorization is made in writing and submitted to the permit board ["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.

INDIVIDUAL NPDES STORM WATER PERMIT
PERMIT NUMBER (MS P02261)
ANNUAL SWPPP EVALUATION FORM
(FOR INDUSTRIAL STORM WATER ACTIVITY)



Permit recipients shall conduct a comprehensive evaluation of the facility's SWPPP by December 31st in the year following issuance and annually thereafter. The evaluation shall assess the effectiveness and accuracy of the SWPPP and ensure that the SWPPP is current, up to date, and meets all requirements set forth in the permit. 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.

FACILITY NAME: <u>Fleming Salvage</u>	EVALUATION DATE: <u>JUNE 22</u>																					
PHYSICAL ADDRESS: <u>29 Fleming Rd, Carriere MS 39426</u>																						
I. DESCRIPTION OF POTENTIAL POLLUTANT SOURCES																						
<u>INDUSTRIAL ACTIVITIES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 45%;">Findings & Remedial Action Documentation</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Yes	No	Findings & Remedial Action Documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>													
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II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS (CONTINUED)

<u>ILLCIT CONNECTIONS EVALUATION AND CERTIFICATION</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> Does the SWPPP contain an illicit connection certification? If so, was the certification evaluation and certification completed within the last 5 years? Does the certification include the following?: <ul style="list-style-type: none"> Method of evaluation, date(s), observation point(s), and result(s). 	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<u>ROUTINE VISUAL SITE INSPECTIONS</u> <ul style="list-style-type: none"> Does the SWPPP describe the policy and procedures for routine visual inspections, including frequencies and areas to be inspected? Does the SWPPP inspection policy describe procedures for collecting storm water if the inspection is conducted during or after a storm event? If so, does the SWPPP inspection policy outline procedures to investigate, correct, and document instances in which visible pollutants are observed? 	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
<u>STORM WATER MANAGEMENT</u> <ul style="list-style-type: none"> Does the SWPPP provide for the management of storm water volume through its diversion, infiltration, storage or re-use? 	<input type="radio"/>	<input checked="" type="radio"/>	

III. NON-STORM WATER DISCHARGE MANAGEMENT

<u>NON-STORM WATER MANAGEMENT</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> Does the SWPPP identify any allowable non-storm water discharges? Does the SWPPP identify and ensure the implementation of appropriate Best Management Practices (BMPs) for the non-storm water component of any discharge? Have there been any changes or additions to the allowable non-storm water discharges since the previous Annual SWPPP Evaluation? 	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	

IV. FACILITY CHANGES

<u>SWPPP AMENDMENT</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> 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? <p>If so, amend the SWPPP and submit it to the MDEQ within 30 days of amendment.</p>	<input type="radio"/>	<input checked="" type="radio"/>	

I. DESCRIPTION OF POTENTIAL POLLUTANT SOURCES (CONTINUED)

<u>SITE MAP</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> Does the SWPPP have a site map showing the property layout with site boundaries? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> If so, does the site map indicate the following features? <ul style="list-style-type: none"> Surface water bodies. Drainage area of each storm outfall by number. Direction of flow for each drainage area. Location and description of existing structural and non-structural control measures to reduce the pollutants in storm runoff. Location of any storm water treatment activities. Location of any storm drain inlets. Location of industrial activities, such as: <ul style="list-style-type: none"> Fuel storage and dispensing locations. Vehicle/equipment repair, maintenance, and cleaning areas. Materials storage and handling areas. Loading/unloading areas. Process or manufacturing areas. Location of housekeeping practices. Storm water conveyances (ditches, pipes, & swales). 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS			
<u>POLLUTION PREVENTION MANAGER/COMMITTEE</u>			
<ul style="list-style-type: none"> Does the SWPPP specify individual(s) responsible for developing the SWPPP and assisting the facility manager in its implementation, maintenance, and revision? If so, have there been any changes in the personnel listed since the previous Annual SWPPP Evaluation? 	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	
<u>RISK IDENTIFICATION AND MATERIAL INVENTORY</u>			
<ul style="list-style-type: none"> Does the SWPPP assess the pollution potential of various sources at the facility including loading and unloading operations; outdoor storage, manufacturing or processing activities; significant dust or particulate generating processes and on-site disposal practices? If so, have there been any changes in operations or sources of potential pollutants since the previous Annual SWPPP Evaluation? 	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	

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"> Does the SWPPP identify areas with a high potential for soil erosion, and specify prevention measures to limit erosion? If so, have there been any changes to the facility which would increase the potential for soil erosion since the previous Annual SWPPP Evaluation? 	<input type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/>	
<u>PREVENTIVE MAINTENANCE</u> <ul style="list-style-type: none"> Does the SWPPP contain a preventive maintenance program to insure the inspection and maintenance of storm water management devices? If so, does the program specify protocol for inspecting and testing of equipment to preclude breakdowns or failures that may cause pollution? 	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/>	
<u>GOOD HOUSEKEEPING</u> <ul style="list-style-type: none"> Does the SWPPP describe and list practices appropriate to prevent pollutants from entering storm water from industrial activities due to poor housekeeping? If so, do the practices describe or list the following: <ul style="list-style-type: none"> Designated areas for equipment maintenance and repair. Provisions for waste receptacles at convenient locations. Provisions for regular collection of waste. Adequately maintained sanitary facilities. 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. Secondary containment for raw material stockpiles. 	<input checked="" type="radio"/> <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 type="radio"/> <input checked="" type="radio"/>	
<u>SPILL PREVENTION AND RESPONSE PROCEDURES</u> <ul style="list-style-type: none"> Does the SWPPP identify potential spill areas and their drainage points? Does the SWPPP specify material handling procedures and storage requirements? Does the SWPPP have procedures for cleaning up spills? Have there been any changes at the facility in potential spill areas and/or their drainage points since the previous Annual SWPPP Evaluation? 	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<u>EMPLOYEE TRAINING</u> <ul style="list-style-type: none"> Does the SWPPP specify periodic training for personnel that are responsible for implementing and/or complying with the requirements of the SWPPP? 	<input type="radio"/>	<input checked="" type="radio"/>	

PHYSICAL SITE ADDRESS

STREET: 29 Fleming Rd
CITY: Carriere COUNTY: Pearl River ZIP: 39426

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 degrees 55 minutes 074 seconds LONGITUDE: 89 degrees 63 minutes 088 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Boley

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? ☐ YES ☒ NO

IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ☐ NO

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

IS A COPY OF THE SWPPP AT THE PERMITTED SITE?

☒ YES ☐ NO

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).

AUTO SALVAGE FACILITIES ONLY

FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BE SUBMITTED TO MDEQ NO LATER THAN JANUARY 31, 2022.

DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERMIT?

☒ YES ☐ NO

IS A REVISED COPY OF THE SWPPP ATTACHED?

☐ YES ☒ NO

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.

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.

Dale Fleming
Signature¹

June 6 - 22
Date

DALE Fleming
Printed Name¹

Owner
Title

¹This form shall be signed according to ACT16, 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