

AI #36427

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MISSISSIPPI DEPARTMENT 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 1827

## 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 30 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 (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. The visual assessment and training sections of your SWPPP will probably need to be updated to adhere to permit requirements (see ACT8, S-1 and ACT12, S-1 and S-2). These updates do NOT need to be submitted to MDEQ.

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 INFORMATION 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: Richard Ashcraft  
COMPANY NAME: Gavilan Fertilizer  
STREET OR P.O. BOX: 1695 Harbor Front Rd.  
CITY: Greenville STATE: MS ZIP: 38901  
PHONE NUMBER (INCLUDE AREA CODE): 662-334-9555

**FACILITY INFORMATION**

FACILITY NAME: Gavilon Fertilizer

CONTACT NAME & POSITION: Richard Ashcraft Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-384-9555

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2825 Fertilizer Warehouse

PHYSICAL SITE ADDRESS: STREET: 1699 Harbor Front Rd

CITY: Greenville COUNTY: Washington ZIP: 38701

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 33 degrees \_\_\_ minutes \_\_\_ seconds LONGITUDE: 91 degrees \_\_\_ minutes \_\_\_ seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Lake Ferguson

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)**

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 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.

Richard Ashcraft  
 Signature

1-14-11  
 Date

Richard Ashcraft  
 Printed Name

Manager  
 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

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

**COVERAGE RECIPIENT INFORMATION**

COMPANY NAME: Gavilon Fertilizer LLC FACILITY NAME: Gavilon Fertilizer  
 PHYSICAL SITE ADDRESS: 1699 Harbor Front RD  
 CITY: Greenville MS COUNTY: Washington  
 CONTACT PERSON: Richard Ashcraft CONTACT PHONE NUMBER: (662) 394-9905  
 MAILING ADDRESS: 1699 Harbor Front RD CITY: Greenville MS STATE: MS ZIP: 38701

**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	
1-14-11	10:40am		✓		✓	John Boyd

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): None

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): n/a

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.

Margaret Baylot  
 Authorized Signature  
Margaret Baylot  
 Printed Name

1-14-11  
 Date  
1-14-11  
 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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# Annual Comprehensive Site Inspection and SWPPP Evaluation Report Form

Baseline Storm Water General NPDES Permit No. MSR00 1 927 County: Washington  
(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 28<sup>th</sup> 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: Garilon Fertilizer, LLC  
Facility Name: Garilon Fertilizer  
Facility Contact and Telephone Number: Richard Ashcraft 662-334-9533  
Facility Location: Greenville, MS 38701  
Inspection Date and Time: 1-14-11 Inspector(s): [Signature]

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?  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).

Margaret Bayle 601-634-3144 Margaret Bayle 1-14-11  
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