

AI #8491

Chris

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Dept of Environmental Quality



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 1126

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: CARDEN SUE PULLENS

COMPANY NAME: PULLENS USED TRUCK & CAR PARTS

STREET OR P.O. BOX: 47 PULLENS ROAD

CITY: CARRISSE STATE: MS ZIP: 39426

PHONE NUMBER (INCLUDE AREA CODE): 601-798-5138

FACILITY INFORMATION

FACILITY NAME: Pullaris Used Truck & Car Parts
 CONTACT NAME & POSITION: Carolyn Sue Fulmers
 CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-798-5138
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY):
5015 Motor Vehicle Parts
 PHYSICAL SITE ADDRESS: 47 Pullaris Road
 CITY: Capeville COUNTY: Pearl River ZIP: 39426
 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE: 30.5723459N, 89.6649471W
 LATITUDE: _____ degrees _____ minutes _____ seconds LONGITUDE: _____ degrees _____ minutes _____ seconds
 NEAREST NAMED RECEIVING STREAM/OR STORM WATER LEAVING THE SITE: Mill Creek
 IS RECEIVING STREAM ON NDEQ's 283(a) 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 gathered and examined 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.

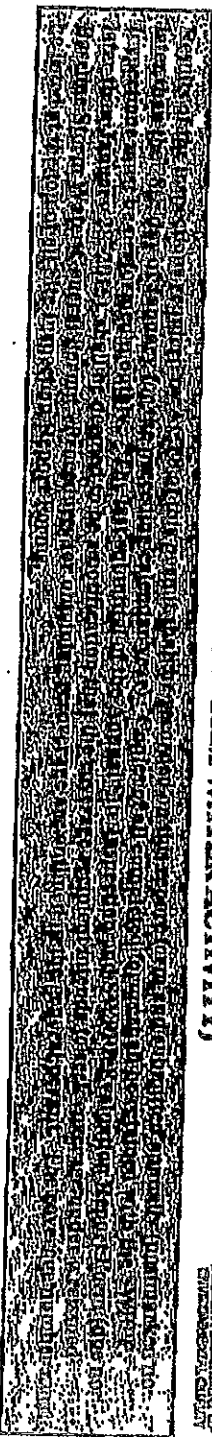
I further certify that I understand when coverage is terminated the facility is no longer authorized to discharge storm water associated with industrial activity under this general permit. I understand that discharging pollutants in storm water associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

Signature: Carolyn Sue Fulmers Date: 1/5/16
 Printed Name: Carolyn Sue Fulmers Title: OWNER

- 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 (MSRD) 1126
 ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPP EVALUATION REPORT
 (FOR INDUSTRIAL STORM WATER ACTIVITY)**



COVERAGE RECIPIENT INFORMATION

COMPANY NAME: Fallows Used Truck Corp FACILITY NAME: SAME

PHYSICAL SITE ADDRESS: 47 Fallows Rd.

CITY: Abbeville, MS. 39406 COUNTY: Pearl River

CONTACT PERSON: Carol Sue Fallows CONTACT PHONE NUMBER: 601-798-5138

MAILING ADDRESS: 47 Fallows Road CITY: Abbeville STATE: MS ZIP: 39402

DATE	TIME	DEFICIENCIES	CORRECTIVE ACTION		INSPECTOR
			YES	NO	
1-21-15	7:30 AM				KENNETH FALLOWS
2-19-15	7:45 AM				JAMES BENEFFY
3-17-15	8:15 AM				JAMES BENEFFY
4-14-15	7:45 AM				THOMAS FALLOWS
5-19-15	8:30 AM				SUE FALLOWS
6-20-15	9:00 AM				JAMES BENEFFY
7-18-15	8:15 AM				JAMES BENEFFY
8-17-15	7:30 AM				SUE FALLOWS
9-16-15	9:00 AM				KENNETH FALLOWS
10-13-15	9:30 AM				JAMES BENEFFY
11-20-15	9:15 AM				KENNETH FALLOWS
12-22-15	8:30 AM				SUE FALLOWS

Deficiencies Noted During any Inspection (Give date(s) attach additional sheets if necessary): SEE ATTACHED

Corrective Action Taken or Planned (Give date(s) attach additional sheets if necessary): SEE ATTACHED

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 related engineering drawings or required by the above referenced permit. I further certify that the NOI and SWPPY 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, and statements submitted in, to the best of my knowledge and belief, true, accurate and complete. I am aware that false statements made for submission of this information are prohibited by law and may be subject to criminal sanctions (including the possibility of fines and imprisonment for knowing violations).

Authorized Signature: Carol Sue Fallows Date: 1-4-16

Printed Name: Carol Sue Fallows Title: OWNER

Please submit this form to:

Chief, Environmental Compliance and Enforcement Division
 MDEQ, Office of Pollution Control
 P.O. Box 2261
 Jackson, Mississippi 39225

2015 INSPECTION DEFICIENCIES / CORRECTIONS

JAN. 21 ST	NONE
FEB. 19 TH	MOVED (3) TIRES TO DISPOSAL AREA
MARCH 17 TH	MOVED (2) TIRES TO DISPOSAL AREA
APRIL 14 TH	NONE
MAY 19 TH	NONE
JUNE 20 TH	MOVED (3) BATTERIES TO SHED
JULY 18 TH	NONE
AUG. 17 TH	NONE
SEPT. 16 TH	NONE
OCT. 13 TH	CLOSED (1) HOOD ON VEHICLE
NOV. 20 TH	MOVED (1) BATTERY TO SHED
DEC. 22 ND	NONE