



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 1 8 5 3

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: Van Stockstill, Managing Member & General Manager

EMAIL ADDRESS: van@consolidated agg.net

COMPANY NAME: Turley International Resources LLC

STREET OR P.O. BOX: 1201 Palestine Road, Building B

CITY: Picayune STATE: MS ZIP: 39466

PHONE NUMBER (INCLUDE AREA CODE): Phone: 601-798-3158 Cell: 601-273-0797

FACILITY INFORMATION

FACILITY NAME: Turley International Resources LLC

CONTACT NAME & POSITION: Van Stockstill, Managing Member & General Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): Phone: 601-798-3158 Cell: 601-273-0797

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
3 2 4 1 3241 Construction & Building Materials and 1442 Construction Sand and Gravel

M - received hard copy 3.22.21

PHYSICAL SITE ADDRESS

STREET: 1201 Palestine Road, Building B

CITY: Picayune COUNTY: Pearl River ZIP: 39466

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 degrees 31 minutes 36.1 seconds LONGITUDE: -89 degrees 41 minutes 37.1 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Unnamed tributary to Hobolochitto River

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.

Van Stockstill
Signature

3-19-21
Date

Van Stockstill
Printed Name¹

Managing Member
Title

¹This form shall be signed according to ACT16, T-9 of the General Permit, as follows:

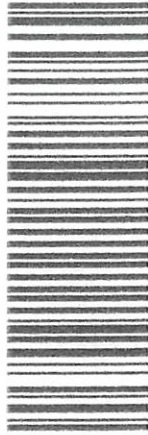
- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

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

7017 2400 0001 1424 7604

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 2400 0001 1424 7604

7017 2400 0001 1424 7604

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Carla Acker-Tonley - SW Renew

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage \$ _____

Total Postage and Fees \$ _____

Sent To OPC, EPD, MDEQ
PO Box 2261
Street in Jackson, MS 39225
City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OPC, EPD, MDEQ
PO Box 2261
Jackson, MS 39225



9590 9402 3555 7305 9100 38

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Turley International Resources LLC

Turley International Resources LLC

1205 B Palestine Road

(601) 798-3158

Picayune, Mississippi 39466

March 19, 2021

Certified Mail Number: 7017 2400 0001 1424 7604

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
Post Office Box 2261
Jackson, Mississippi 39225

RECEIVED
MAR 22 2021

MDEQ

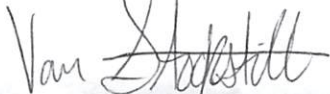
Re: **Industrial Storm Water Re-Coverage**
Ref. No. MSR001853
Pearl River County

Chief:

Turley International Resources LLC hereby submits this Industrial storm water general permit re-coverage form for the above referenced facility. The Industrial storm water permit serves all operations on this site.

If you have any questions or require additional information, please contact me at your convenience (601-798-3158). I appreciate your assistance in this matter.

Sincerely,



Van Stockstill
President

Attachment: Industrial Storm Water Re-Coverage Form

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942