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## INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 5 5 7

## 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).

A 1980 Comments of the CO	OVERAGE RECIPIENT INFORMA	TION TO SERVICE OF STREET
CONTACT NAME & POSITION: Arvoll	e Brown, Owner/Operator	Consequences 100% - Thillies before all in some
EMAIL ADDRESS:	n <sub>,e</sub> , ,	
COMPANY NAME: Brown's Used C	Cars and Parts	*13081207
STREET OR P.O. BOX: 76 County R		
CITY: Corinth	STATE: MS	ZIP: 38834
PHONE NUMBER (INCLUDE AREA COL		at was the second of the secon
FACILITY INFORMATION		i de la completa del completa de la completa del completa de la completa del completa de la completa del la completa del com
FACILITY NAME: Brown's Used Cars and Parts		
CONTACT NAME & POSITION: Arvolte 1	Brown, Owner/Operator	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CONTACT PHONE NUMBER (INCLUDE	AREA CODE): (662) 287-2819	
	CLASSIFICATION (SIC) CODE & DESCRIP	TION OF INDUSTRIAL ACTIVITY:



PHYSICAL SITE ADDRESS STREET: 76 County Road 632		1		
CITY: Corinth COUNTY: Alcorn	ZII	e: <u>38834</u>		
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:				
LATITUDE: 34 degrees 55 minutes 14 seconds LONGITUDE: 88 degrees 39 minutes 03 seconds				
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Herman Creek				
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?	YES	■ NO		
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STRI	EAM 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 VIF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instruction		YES NO		
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?				
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.				
Cervolle Brown	03/12/2021			
Signature <sup>1</sup>	Date			
Arvolle Brown	Owner			
Printed Name <sup>1</sup>	Title	Hairco		
This form shall be signed according to ACT16, T-9 of the General Permit, as follow  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 office.  After signing please mail to: Chief, Environmental Permits Division,	r, mayor, or ranking elected offi	ciai.		

MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225



## SCOTT ENGINEERING COMPANY

Civil Engineers and Surveyors

1530 Polk Street Corinth, MS 38834

T 662.287.2436 F 662.287.2438 scottengr@scottengr.com

www.scottengr.com

March 15, 2021

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

Attn: Ms. Florance Bass

via email to: FBass@mdeq.ms.gov

Re-Coverage for Brown's Used Cars and Parts MSR000557 RE:

Dear Ms. Bass:

I am transmitting the above-referenced re-coverage form as a digital file attached hereto. I am transmitting the original form via USPS in today's mail.

Let me know if you have questions or comments.

Sincerely,

R.A. Scott, IV, P.E., P.S.

RASIV:bs

CC: file

Mr. Arvolle Brown

Encl: Re-Coverage form

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