

AI: 9754

Request for Termination (RFT) of Coverage



INDUSTRIAL STORMWATER GENERAL PERMIT

Coverage No. MSR00 1999 County Pike

(Fill in your Certificate of Coverage Number and County)

Facilities planning to cease regulated industrial activity and/or abandon the premises upon which they operate, or wish to terminate Industrial Stormwater coverage and submit a No Exposure Certification in accordance with the provisions of ACT 16, T-9 of the Industrial Stormwater General Permit, shall request termination of coverage by submitting this form along with a closure plan at least 30 days prior to ceasing operations. The closure plan shall be prepared in accordance with the requirements outlined in ACT 16, S-1 of the Industrial Stormwater General Permit.

RECEIVED
FEB 18 2022

Check the appropriate box below to indicate the reason coverage is being terminated. All blanks must be completed (enter "N/A" if not applicable).

FACILITY IS PERMANENTLY SHUT DOWN

CONVERT TO NO EXPOSURE CERTIFICATION

APPLY FOR INDIVIDUAL NPDES PERMIT

FACILITY NAME: Dale Coon's Truck + Auto Service CLOSURE DATE: 12/31/2021

PHYSICAL SITE STREET ADDRESS: 2073 Hwy 48 East

CITY: Magnolia COUNTY: Pike

OWNER COMPANY NAME: Roger Dale Coon Jr

OWNER COMPANY CONTACT NAME AND POSITION: Roger Dale Coon Jr President

STREET ADDRESS / P.O. BOX: 1190 Dualey Pines Rd

CITY: Magnolia STATE: MS ZIP: 391652

TEL. # 985 514 0517 EMAIL: rogerdalecoon@att.net

OPERATOR COMPANY NAME (IF DIFFERENT THAN OWNER): _____

OPERATOR CONTACT NAME AND POSITION: _____

STREET/ ADDRESS / P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

TEL. # () _____ EMAIL: _____

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 fine and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with industrial activity under this general permit. Discharging pollutants associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Stephanie Coon 985 514 0517 Stephanie Coon 12/31/2021
Authorized Name (Print) Telephone Authorized Signature Date Signed

- This application shall be signed according to the General Permit, ACT 16, T-9 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

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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	
1/29/21	noon		X			Stephanie Cox
2/26/21	2pm		X			Stephanie Cox
3/26/21	9am		X			Stephanie Cox
4/29/21	11am	X		X		Stephanie Cox
5/28/21	9am		X			Stephanie Cox
6/30/21	9am		X			Stephanie Cox
7/30/21	noon		X			Stephanie Cox
8/27/21	10am	X		X		Stephanie Cox
9/24/21	2pm		X			Stephanie Cox
10/29/21	noon		X			Stephanie Cox
11/29/21	noon		X			Stephanie Cox
12/30/21	noon					Stephanie Cox

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."

Stephanie Cox	Stephanie Cox	Coowner	12/30/21
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."

Stephanie Cox	Stephanie Cox	12/30/21
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 (MSD01999)
 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: Dale Coon's Truck & Auto Salvage EVALUATION DATE: 12/30/21

PHYSICAL ADDRESS:
2073 Hwy 48 East Magnolia MS 39652

I. DESCRIPTION OF POTENTIAL POLLUTANT SOURCES			
<u>INDUSTRIAL ACTIVITIES</u>	Yes	No	Findings & Remedial Action Documentation
<ul style="list-style-type: none"> • Does the SWPPP have a list of Industrial Activities exposed to storm water? <input checked="" type="radio"/> • Has the facility added any Industrial Activities that are exposed to storm water since the previous Annual SWPPP Evaluation? <input type="radio"/> 	<input checked="" type="radio"/> <input type="radio"/>	<input type="radio"/> <input checked="" type="radio"/>	
<u>MATERIALS AND POLLUTANTS</u> <ul style="list-style-type: none"> • Does the SWPPP have a list of materials and pollutants exposed to storm water? <input checked="" type="radio"/> • Does the SWPPP have a narrative description of the materials and pollutants? <input checked="" type="radio"/> • If so, does the narrative contain the following information? <ul style="list-style-type: none"> ○ Method of storage and disposal. <input checked="" type="radio"/> ○ Management practices employed to minimize contact with storm water. <input checked="" type="radio"/> ○ Structural and non-structural control measures to reduce pollutants in storm runoff. <input checked="" type="radio"/> ○ Any treatment the storm water receives. <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"/>	
<u>SPILLS AND LEAKS</u> <ul style="list-style-type: none"> • Does the SWPPP contain a monthly updated list of spills and leaks? <input checked="" type="radio"/> • Does the SWPPP contain an updated summary of all storm water sampling data including a description of associated pollutants? <input checked="" type="radio"/> 	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input 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="radio"/> Yes <input type="radio"/> No • If so, does the site map indicate the following features? <ul style="list-style-type: none"> ○ Surface water bodies. <input checked="" type="radio"/> Yes <input type="radio"/> No ○ Drainage area of each storm outfall by number. <input checked="" type="radio"/> Yes <input type="radio"/> No ○ Direction of flow for each drainage area. <input checked="" type="radio"/> Yes <input type="radio"/> No ○ Location and description of existing structural and non-structural control measures to reduce the pollutants in storm runoff. <input checked="" type="radio"/> Yes <input type="radio"/> No ○ Location of any storm water treatment activities. <input checked="" type="radio"/> Yes <input type="radio"/> No ○ Location of any storm drain inlets. <input checked="" type="radio"/> Yes <input type="radio"/> No ○ Location of industrial activities, such as: <ul style="list-style-type: none"> a) Fuel storage and dispensing locations. <input checked="" type="radio"/> Yes <input type="radio"/> No b) Vehicle/equipment repair, maintenance, and cleaning areas. <input checked="" type="radio"/> Yes <input type="radio"/> No c) Materials storage and handling areas. <input checked="" type="radio"/> Yes <input type="radio"/> No d) Loading/unloading areas. <input checked="" type="radio"/> Yes <input type="radio"/> No e) Process or manufacturing areas. <input checked="" type="radio"/> Yes <input type="radio"/> No ○ Location of housekeeping practices. <input checked="" type="radio"/> Yes <input type="radio"/> No ○ Storm water conveyances (ditches, pipes, & swales). <input checked="" type="radio"/> Yes <input type="radio"/> No 			

II. DESCRIPTION OF STORM WATER MANAGEMENT CONTROLS

<p><u>POLLUTION PREVENTION MANAGER/COMMITTEE</u></p> <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? <input checked="" type="radio"/> Yes <input type="radio"/> No • If so, have there been any changes in the personnel listed since the previous Annual SWPPP Evaluation? <input type="radio"/> Yes <input checked="" type="radio"/> No 			
<p><u>RISK IDENTIFICATION AND MATERIAL INVENTORY</u></p> <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? <input checked="" type="radio"/> Yes <input type="radio"/> No • If so, have there been any changes in operations or sources of potential pollutants since the previous Annual SWPPP Evaluation? <input type="radio"/> Yes <input checked="" type="radio"/> No 			

