



Tennessee Department of Environment and Conservation - Division of Water Resources

William R. Snodgrass Tennessee Tower

312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243

TN DEPT OF ENVIRONMENT AND CONSERVATION

MAY 01 2015

NOTICE OF INTENT (NOI)

for Storm Water Discharges Associated with Industrial Activity under the TENNESSEE MULTI-SECTOR GENERAL PERMIT (TMSP)

DIV OF WATER RESOURCES RECEIVED

Type of application: New Reissuance Modification

(If this NOI is Reissuance or Modification provide the existing permit tracking number: TNR056006)

Facility Name: <u>131 Automotive Parts</u>	County: <u>Union</u>
Street Address or Location: <u>615 Tazewell Pike, Luttrell, TN 37779</u>	Latitude (DD.DDD): <u>36.1959</u> Longitude (-DD.DDD): <u>83.7684</u>
Attach a copy of a topo map, a city map, or a county map, identifying the location of this facility and each outfall	<input checked="" type="checkbox"/> Map Attached
Has a Storm Water Pollution Prevention Plan (SWPPP) been developed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name)
MR. Mickey E Davis

Official Contact Person Name: (Individual Responsible for a Facility) <u>MR. Mickey E Davis</u>	Title or Position: <u>OWNER + OPERATOR</u>		
Mailing Address: <u>615 Tazewell Pike</u>	City: <u>Luttrell,</u>	State: <u>TN</u>	Zip: <u>37779</u>
Phone: <u>(865) 9924129</u>	E-mail: <u>ONE 31 Auto @ Yahoo.Com</u>		

Local Contact Person Name: (if appropriate, write "same as #1") <u>Same as #1</u>	Title or Position:		
Facility Address: (this may or may not be the same as street address)	Facility City:	State: <u>TN</u>	Zip:
Phone: ()	E-mail:		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence and invoices: #1

Stormwater runoff enters following stream(s) and/or lake(s): (for each outfall, give names and latitude/longitude) <u>FLAT Creek EST SMILES EAST OF THIS LOCATION #1 outfall</u>	Number of stormwater outfalls: <u>1</u>		
Nature of business: <u>Auto Parts</u>	SIC code(s): (primary code listed as No. 1, secondary, if applicable, as No. 2, etc.) 1. <u>5015</u> 2. 3. 4. 5. 6.		
Area of property associated with industrial activity: <u>10 Acres</u> (area of facility property should not include recreation areas, landscaping, lawns, greenfields, forest, office buildings, employee parking lots, etc.)	Permit Sectors (STATE USE ONLY)		
Activities at facility: Check all that apply.			
01. <input type="checkbox"/> Manufacturing	05. <input type="checkbox"/> Vehicle Maintenance	09. <input type="checkbox"/> Wastewater treatment	13. <input type="checkbox"/> Coal Pile
02. <input type="checkbox"/> Storage/Distribution	06. <input type="checkbox"/> Hazardous waste TSD	10. <input type="checkbox"/> Land application	14. <input type="checkbox"/> Borrow Pit or Soil Harvesting
03. <input checked="" type="checkbox"/> Vehicle Storage	07. <input type="checkbox"/> Outside waste disposal	11. <input type="checkbox"/> Landfill	99. <input type="checkbox"/> Other: _____
04. <input type="checkbox"/> Trucking Terminal	08. <input type="checkbox"/> Recycling	12. <input type="checkbox"/> Mining operation	

CERTIFICATION AND SIGNATURE (Make all entries in ink, not with a pencil. This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency.)

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 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Mickey E Davis owner + operator Mickey E Davis 04/27/2015
 Printed Name Official Title Signature Date

STATE USE ONLY

Received Date	Fee(s)	Reviewer	EFO	Tracking No. <u>TNR056006</u>
	T & E Aquatic Fauna	Exceptional TN Water?	Unavailable Conditions	NOC Date

