



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
JACKSON ENVIRONMENTAL FIELD OFFICE  
1625 Hollywood Drive

JACKSON, TENNESSEE 38305

PHONE (731) 512-1300      STATEWIDE 1-888-891-8332      FAX (731) 661-6283

October 15, 2018

Mr. Charles Craig  
Craig Forest Products  
4230 Mill Creek Road  
Puryear, TN 38251

Re: **TMSP Compliance Evaluation Inspection**  
Permit No.: TNR056357  
Henry County

Dear Mr. Craig:

On October 11, 2018, I met with you at your facility in Puryear, TN. The purpose of my visit was to determine the facility's compliance with Tennessee Storm Water Multi-Sector General Permit (TMSP) # TNR056357. The following comments are based on our discussion, my review of the facility's Storm Water Pollution Prevention Plan (SWPPP), available compliance documentation, and our inspection of the facility:

1. The SWPPP was not signed or dated. The permit requires that the SWPPP be reviewed and recertified annually. Please review your SWPPP and certify that it is up-to-date using the following certification statement found in the TMSP General Permit:

*"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."*



2. The SWPPP also did not include an up-to-date map of the facility. Please update the drainage map and include it with your SWPPP.
3. Finally, there was no record that the quarterly visual examinations of stormwater had not been conducted for the years of 2017 and 2018. Please, resume your quarterly visual examination of the stormwater and keep records of these examinations as required in the TMSP.

I appreciate the courtesy and cooperation shown to me during this inspection. If you have any questions or need additional information, feel free to contact me by phone at 731-512-1362 or by email at [Hollis.Morgan@tn.gov](mailto:Hollis.Morgan@tn.gov).

Sincerely,



Hollis Morgan  
Environmental Protection Specialist  
Division of Water Resources, Jackson

Cc: File  
RF



# TDEC

## TMSP-Industrial Storm Water Inspection Form

Water Pollution Control  
Division  
Jackson Field Office

### FACILITY DATA

NAME OF FACILITY INSPECTED <u>Craig Forest Products</u>		INSPECTION DATE <u>10/11/18</u>	TIME ENTRY / TIME EXIT <u>10:00am 11:30am</u>	TMSP TRACKING NUMBER <u>TNR056357</u>
LOCATION OF FACILITY <u>4230 Mill Creek Rd, Henry County</u>		MAILING ADDRESS OF FACILITY <u>4230 Mill Creek Rd. Puryear, TN 38251</u>		EXPIRATION DATE <u>4/14/20</u>
FACILITY CONTACT/TITLE / PHONE <u>Charles Craig / President / 731-498-8141</u>		RESPONSIBLE OFFICIAL/TITLE / PHONE <u>/ /</u>		
INDUSTRIAL ACTIVITY DESCRIPTION <u>saw mill</u>				
SIC CODE(S) <u>2421   2411</u>		LATITUDE: <u>36.499</u>	LONGITUDE: <u>- 88.882</u>	SECTOR(S): <u>A   P</u>
WATERSHED:		RECEIVING STREAM: <u>Brushy Creek</u>		
303d LISTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TMDL: YES <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	SECTION 313: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TE LISTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	MS4 DISCHARGE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

### MONITORING AND REPORTING

#### VISUAL EXAMS – ALL TMSP FACILITIES REQUIRED TO PERFORM

PERFORMED:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
FREQUENCY:	<u>*1/QTR Had not been performed this year</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STORM EVENT:	<u>*0.1" @ 72 HRS &amp; W/I 30 MINUTES</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
OBSERVATIONS:	<u>*DOCUMENTED</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
RECORDS:	<u>*KEEP W/I SWPPP</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

ANALYTICAL MONITORING REQUIRED: YES ☐ NO ☐

PARAMETER	NUMERICAL LIMIT mg/L Table: <u>A-1</u>	FREQUENCY: <u>annually</u>	CUT-OFF mg/L Table: <u>A-2</u>	FREQUENCY: <u>Annually</u>
<u>Debris</u>	<u>4" diameter</u>			
<u>pH</u>	<u>6.0 &lt; pH &lt; 9.0</u>			
<u>COD</u>			<u>120 mg/L</u>	
<u>TSS</u>			<u>150 mg/L</u>	
<u>Zinc</u>			<u>0.395 mg/L</u>	

SAMPLES COLLECTED:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
STORM EVENT:	<u>*0.1" @ 72 HRS &amp; W/I 30 MINUTES</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
SAMPLE TYPE:	<u>*GRAB</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
REPRESENTATIVE:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
EX. CUT-OFF LIMITS:	<u>*NOTIFICATION OF EXCEEDANCE w/30 days &amp; UPDATE SWPPP w/ 60 DAYS</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
RECORDS:	<u>*RETAINED FOR MINIMUM OF 3 YRS.</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
REPORT SUBMITTED:	<u>*PM NLT MARCH 31</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

# TMSP-Industrial Storm Water Inspection Form (Continued)

FACILITY: Craig Forest Products

TRACKING NO.: TN2056357

DATE: 10/11/18

## ANALYTICAL MONITORING (continued from Page 1)

### SWPPP CONTENT

✓ SWPPP PREPARED		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ PP TEAM:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ SOURCES LIST:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ DRAINAGE MAP:	<u>needs to be updated to reflect current landscape</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ EXPOSED MTLS.:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ SPILLS/LEAKS:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ MEAS. & CONTROLS:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ HOUSEKEEPING:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ PREV. MAIN.:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ SPCC:	<u>N/A</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ INSPECTIONS:	<u>last record was 2016</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ TRAINING:	<u>records: ✓</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ NON-SW CERT.:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ SED./EROS. CON.:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ RUNOFF MGMT.:		YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ UPDATED PLAN:	<u>not signed + certification statement not up to date</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>
✓ COMP. SITE EVAL.:	<u>*1/YR</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>

\* DENOTES TMSP REQUIREMENT

### OBSERVATIONS & COMMENTS

INDIVIDUAL(S) CONTACTED:

Charles Craig, President

OTHER DWPC PERSONNEL PRESENT:

N/A

WEATHER CONDITIONS: cool, overcast

SAMPLES: YES ☐ NO ☒

PHOTOS TAKEN: YES ☐ NO ☒

\* SWPPP should be updated with certification statement and signed.


\* Drainage map should be updated + included w/ SWPPP

\* Quarterly visual examinations: no records since 2016.  
going forward complete visual exam + keep records

**OBSERVATIONS & COMMENTS**

(Continued from Page 2)

FACILITY: Craig Forest ProductsTRACKING No.: TNR056357DATE: 10/11/18

NAME/TITLE AND SIGNATURE OF PRIMARY INSPECTOR Hollis Morgan, EPS I 	AGENCY / DIVISION / OFFICE / PHONE AND FAX NUMBERS TDEC / DWPC / JFO (731) 512-1362 / (FAX) (731) 661-6283	DATE <u>10/12/18</u>
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