

To: Whom it may concern:

8-11-14

I'm sending an application for storm water permit. The Business name is 22 Auto SALVAGE Tracking NO# TN R056007 :

my husband passed away and it was in his name - I'm in the process of getting everything changed over to my name - I'm hoping you can just change the ownership name -

my husband name was Don Berry

my name is Mary Berry -

TN DEPT OF ENVIRONMENT
AND CONSERVATION

AUG 14 2014

DIV OF WATER RESOURCES
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All application
attached.

Thank You for
Any help:

Mary Berry
731-986-2366



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
1-888-891-8332 (TDEC)

Notice of Intent (NOI) for General NPDES Multi-Sector Permit for Stormwater Discharges from Industrial Activities

This application is for: ☐ New Permit ☐ Permit Reissuance ☒ Permit Modification

(If this NOI is submitted for Permit Modification provide the existing permit tracking number: TNR05 6007)

Facility Name: <u>22 AUTO SALVAGE</u>	County: <u>CARROLL</u>
Street Address or Location: <u>9140 Hwy 22 HUNTINGDON, TN 38344</u>	Latitude (DD.DDD):
	Longitude (-DD.DDD):
Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility.	<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)

Official Contact Person Name: (Individual Responsible for a Facility)	Title or Position:		
<u>Mary Berry</u>	<u>owner</u>		
Mailing Address:	City:	State:	Zip:
<u>9140 Hwy 22</u>	<u>Huntingdon</u>	<u>TN</u>	<u>38344</u>
Phone:	E-mail:		
<u>731-986-2366</u>	<u>NONE</u>		

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

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

Stormwater runoff from facility enters following stream(s) and/or lake(s): (for each outfall, give names and stream miles)					Number of storm water outfalls: <u>1</u>	
<u>Hilliard Branch</u>						
Nature of business:	SIC code(s): (primary code listed as No. 1, secondary, if applicable, as No. 2, etc.)					
<u>Sell used Auto Parts</u>	1.	2.	3.	4.	5.	6.
Area of property associated with industrial activity: <u>7 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 checked="" 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 checked="" type="checkbox"/> Recycling	12. <input type="checkbox"/> Mining operation				

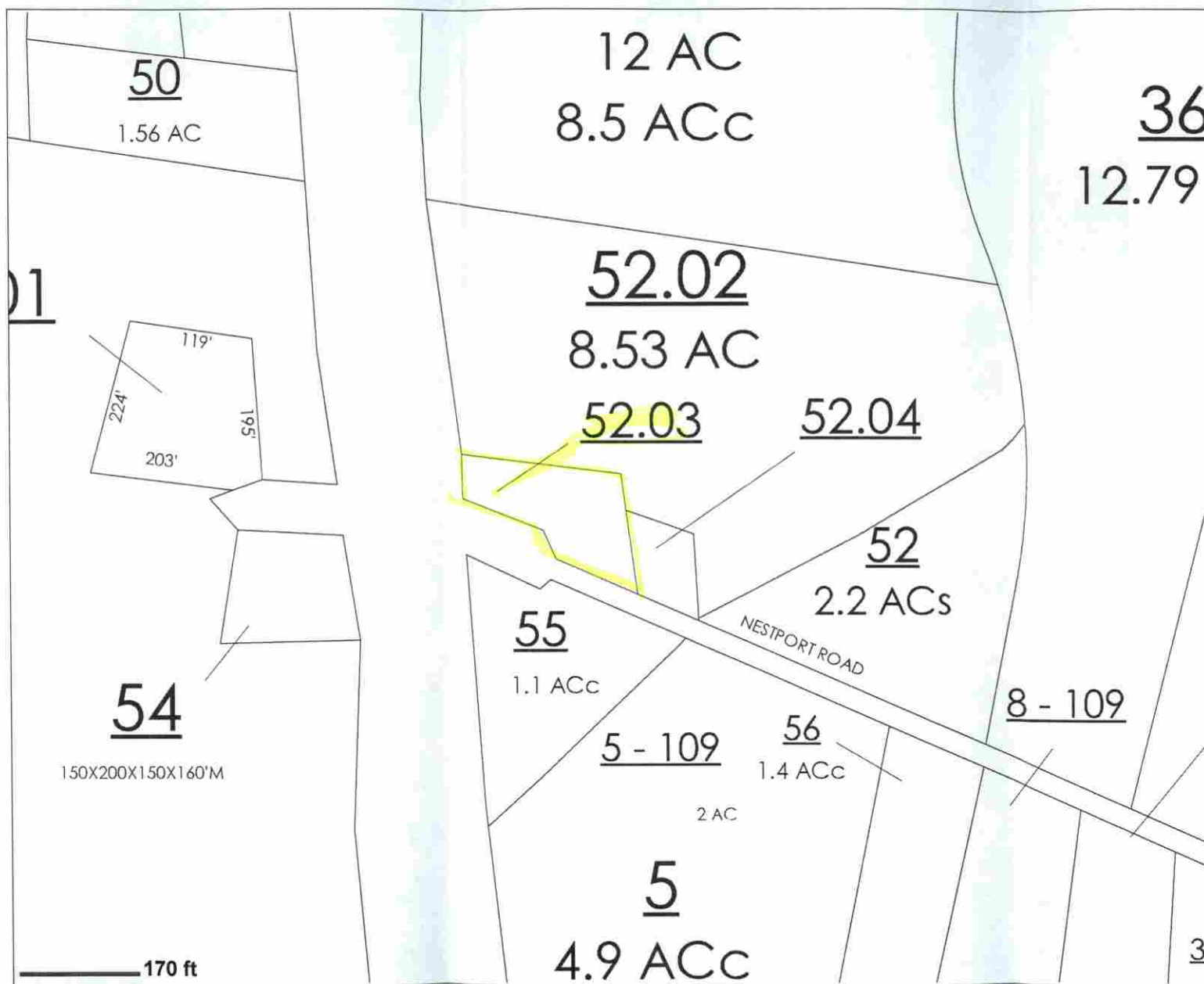
CERTIFICATION AND SIGNATURE (Make all entries in ink, not with a pencil. This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public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

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information 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. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

<u>Mary Berry</u>	<u>owner</u>	<u>Mary Berry</u>	<u>8-11-14</u>
Printed Name	Official Title	Signature	Date

STATE USE ONLY

Received Date	Fee(s)	Reviewer	EFO	Tracking No.
	T & E Aquatic Fauna	High Quality Water?	Impaired Receiving Stream	TNR05
				NOC Date



TEXT_GENERAL
 TEXT_PARCEL
 LEADERLINES
 PARCELS

map 94

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CARROLL COUNTY, TENNESSEE

DISCLAIMER: THIS MAP IS FOR PROPERTY TAX ASSESSMENT PURPOSES ONLY. IT WAS CONSTRUCTED FROM PROPERTY INFORMATION RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS, AND IS NOT CONCLUSIVE AS TO LOCATION OF PROPERTY OR LEGAL OWNERSHIP.

