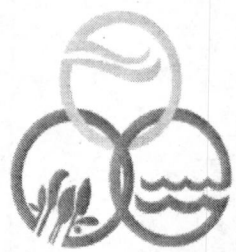


Becky

AI #9134



RECEIVED
AUG 28 2017
MDEQ

MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

WET DECK LOG SPRAY WITH RECIRCULATION GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
WET DECK LOG SPRAY WITH RECIRCULATION GENERAL PERMIT MSG17
GENERAL NPDES COVERAGE NO. MSG17 0 0 6 0

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Wet Deck Log Spray with Recirculation General Permit. This form must be completed and returned to the address printed at the bottom of page 3 within 45 days of the date of the Letter of Instruction for Re-Coverage. For expanding facilities, please also complete Recoverage Form Addendum.

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.

If the company seeking permit coverage is a corporation, a limited liability company, a partnership, or a business trust, then attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of this submittal. Coverage will be issued to the company name as it is registered with the Mississippi Secretary of State.

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 Wet Deck Log Spray with Recirculation General Permit. 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).

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: ☒ owner/operator ☐ facility (please check one)

Are there any ongoing or proposed construction activities which involve the Wet Deck Log Spray Recirculation System (Please specify): _____

No

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: W. BRUCE MAGEE, MANAGER
COMPANY NAME: Richton Tie and Timber, LLC
STREET OR P.O. BOX: PO Box 606
CITY: Petal STATE: MS ZIP: 39465
PHONE NUMBER (INCLUDE AREA CODE): 601-545-8222

FACILITY INFORMATION

FACILITY NAME: ~~W. BRUCE MAGEE~~ Richton Woodyard
CONTACT NAME & POSITION: W. BRUCE MAGEE, MANAGER
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-545-8222
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2411 WET DECK WOOD STORAGE
PHYSICAL SITE ADDRESS: STREET: Hwy 15 South
CITY: Richton COUNTY: Perry ZIP: 39476
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 31 degrees 19 minutes 00 seconds LONGITUDE: 88 degrees 55 minutes 53 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 1

GEOGRAPHIC POSITION FOR OUTFALL(S) FROM WET DECK LOG SPRAY RECIRCULATION POND(S) (IF THE APPLICANT HAS MORE THAN ONE OUTFALL/ RELEASE POINT ELIGIBLE FOR COVERAGE, PLEASE USE THE SPACE TO THE RIGHT.):

LATITUDE: 31 degrees 18 minutes 51 seconds

LONGITUDE: 88 degrees 55 minutes 46 seconds

RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.):

INTERMITTENT STREAM to Thompson Creek

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.

W. Bruce Magee
Signature¹

8/23/17
Date

W. BRUCE MAGEE
Printed Name¹

MANAGER
Title

¹This form shall be signed by the current coverage recipient according to ACT6, T-30 of the General Permit.

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

F0108

2017049666

Fee: \$



DELBERT HOSEMANN
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136

Business ID: 682147
Filed: 02/14/2017 11:22 AM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

2017 LLC Annual Report

Business Information

Business ID: 682147

State of Incorporation: MS

Phone: (***)***-****

FEIN: **-*****

Business Name: Richton Tie & Timber, LLC

Business Email: wbmagee@rtllc.com

Principal Address: 212 MCINNIS ST
PETAL, MS 39465

Registered Agent

Name: BENJAMIN M STEVENS III

Address: 212 MCINNIS ST, PO BOX 606
PETAL, MS 39465

Managers and Members

Managers

Name:
W Bruce Magee
Manager

Address:
P O BOX 606
PETAL, MS 39465

Members

Name:
Benjamin M Stevens
Member

Address:
P O BOX 606
PETAL, MS 39465

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AUG 28 2017
Dept. of Environmental Quality

Officers

Title/Name:

Address:

Director:

President:

☐

Vice President:

☐

Secretary:

☐

Treasurer:

☐

☐ This LLC has a written Operating Agreement.

NAICS Code/Nature of Business

113110 - Timber Tract Operations

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day ***02/14/2017***.

Name:

Benjamin M Stevens
Member

Address:

P O Box 606
Petal, MS 39465

Officers List

Name:

W Bruce Magee
Manager

Benjamin M Stevens
Member

Address:

P O BOX 606
PETAL, MS 39465

P O BOX 606
PETAL, MS 39465