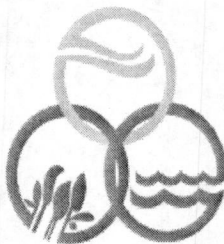


AI #52402

Becky



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED

AUG 28 2017

Dept. 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 8 5

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): na

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Craig Pyron Pres.
COMPANY NAME: Copiah Lumber Company Inc.
STREET OR P.O. BOX: 346
CITY: Crystal Springs STATE: MS. ZIP: 39059
PHONE NUMBER (INCLUDE AREA CODE): 601-892-2241

FACILITY INFORMATION

FACILITY NAME: Copiah Lumber Company Inc.
CONTACT NAME & POSITION: Craig Pyron Pres.
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-892-2241
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2421 Hardwood Lumber Sawmill
PHYSICAL SITE ADDRESS: STREET: 25026 Hy 51 South
CITY: Crystal Springs COUNTY: Copiah ZIP: 39059
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: ^N 31° degrees 58 minutes 57.1 seconds
LONGITUDE: ^W 90° degrees 22 minutes 9.7 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.):

^N
LATITUDE: 31 degrees 58 minutes 52.3 seconds

^W
LONGITUDE: 90 degrees 22 minutes 1.0 seconds

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

Unnamed drainage to Turkey 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.

Craig Pyron
Signature¹

8/25/17
Date

Craig Pyron
Printed Name¹

Pres
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

F0008

2017073138

CLC

Fee: \$ 25



Business ID: 567523
Filed: 03/06/2017 11:33 AM
C. Delbert Hosemann, Jr.
Secretary of State

DELBERT HOSEMAN
Secretary of State

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

TELEPHONE: (601) 359-1633

2017 Corporate Annual Report

Business Information

Business ID: 567523

Business Name: COPIAH LUMBER COMPANY

State of Incorporation: MS

Business Email: cpyron123@bellsouth.net

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

FEIN: **-*****

Principal Address: 25026 HWY 51 S
CRYSTAL SPRINGS, MS 39059

Registered Agent

Name: R. CRAIG PYRON

Address: 2506 HIGHWAY 51 SOUTH, P O BOX 346
CRYSTAL SPRINGS, MS 39059

Officers

Title/Name:

Address:

Director:

President: R Craig Pyron

115 Mathis Rd

Crystal

Springs, MS 39059

☒

Hwy 51 S., PO Box 346

Crystal

Springs, MS 39059

☐

Hwy 51 S, PO Box346

Crystal

Springs, MS 39059

☒

Hwy 51 S, PO Box 346

Crystal

Springs, MS 39059

☐

Treasurer: Courtney Pyron

Stocks

<i>Class:</i>	<i>Authorized:</i>	<i>Series:</i>	<i>Issued:</i>
Common	0		0
Common	0		0
Common	250		12

NAICS Code/Nature of Business

113310 - Logging

113310 - Logging

113310 - Logging

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 ***03/06/2017***.

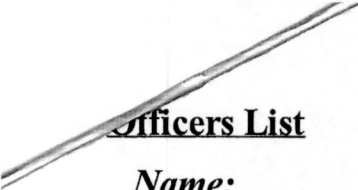
Name:

R CRAIG PYRON

Director

Address:

115 MATHIS ROAD
CRYSTAL SPRINGS, MS 39059



Officers List

Name:

R Craig Pyron
Director, President

Johna Pyron
Vice President

Courtney Pyron
Treasurer

John C Pyron
Director, Secretary

J Harold Graham
Director

Address:

115 Mathis Rd
Crystal Springs, MS 39059

Hwy 51 S., PO Box 346
Crystal Springs, MS 39059

Hwy 51 S, PO Box 346
Crystal Springs, MS 39059

Hwy 51 S, PO Box 346
Crystal Springs, MS 39059

234 E Georgetown St
Crystal Springs, MS 39059