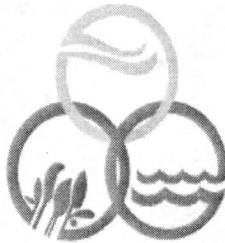


AI#10682

Becky



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
AUG 31 2017

MDEQ

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 0039

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: Glen HERRIN, Vice-President
COMPANY NAME: Southgate Timber Company, A Mississippi Corporation
STREET OR P.O. BOX: P.O. Box 1972
CITY: Purvis STATE: MS ZIP: 39475-1972
PHONE NUMBER (INCLUDE AREA CODE): 601-794-2797 (cell # 601-788-4266)
or - 800-670-4266

FACILITY INFORMATION

FACILITY NAME: Southgate Timber Co., Columbia Woodyard
CONTACT NAME & POSITION: Glen HERRIN, V-Pres
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-788-4266
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
113310^(NAICS#), pulpwood YARD, Buy/Sell trees, STORE TREES,
PHYSICAL SITE ADDRESS: STREET: #15 Rankin Road and U.S. Hwy 13 South
CITY: Columbia COUNTY: Marion ZIP: 39429
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 31° degrees 13' minutes 11" seconds LONGITUDE: 89° degrees 48' minutes 47" 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 13 minutes 23 seconds

LONGITUDE: 89 degrees 48 minutes 43 seconds

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

"un-Named drainage", goes West under U.S. Hwy 13, then SW, & then NNW to eventually intersect BALLS 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.

Glen Herrin, V-Pres.
Signature¹

8/25/17
Date

Glen HERRIN, (Vice-President)
Printed Name¹

V-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

2017081696

Fee: \$ 25



DELBERT HOSEMANN
Secretary of State

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

Business ID: 516237
Filed: 03/09/2017 02:29 PM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

2017 Corporate Annual Report

Business Information

Business ID: 516237

Business Name: SOUTHGATE TIMBER
COMPANY

State of Incorporation: MS

Business Email: southgate99@gmail.com

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

FEIN: **-*****

Principal Address: 63 Central Industrial Row, P. O. Box 1972 *correct*
Purvis, MS 39475

Registered Agent

Name: GLEN D HERRIN

Address: ~~1520 ADELINE ST, P O BOX 15217~~ - *old*
HATTIESBURG, MS 39404

Officers

Title/Name:

Address:

Director:

President: Bennett V York

107 Heatherwood Drive
Hattiesburg, MS 39402

☐

Vice President: Glen D Herrin

PO Box 197263 Central
Industrial Row
Purvis, MS 39475

☒

Secretary: Eugene Carothers

131 South 28th Avenue
Hattiesburg, MS 39401

☐

Treasurer:

☐

Stocks

<i>Class:</i>	<i>Authorized:</i>	<i>Series:</i>	<i>Issued:</i>
Common	0		0
Common	100		100
Common	0		0

NAICS Code/Nature of Business

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 ***03/09/2017***.

Name:

Glen D Herrin
Vice President

Address:

P. O. Box 1972
Purvis, MS 39475

Officers List

Name:

Bennett V York
President

Glen D Herrin
Director, Vice President

Eugene Carothers
Secretary

Address:

107 Heatherwood Drive
Hattiesburg, MS 39402

PO Box 197263 Central Industrial Row
Purvis, MS 39475

131 South 28th Avenue
Hattiesburg, MS 39401