

AI #14834



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

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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 0053

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: (x) 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):_ none _____

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: _Geary Davis Environmental Manager_

COMPANY NAME: _Fulghum Fibres, Inc_

STREET OR P.O. BOX: ___P.O.Box 15395_

CITY: _Augusta_ STATE: _Georgia_ ZIP: _30919_

PHONE NUMBER (INCLUDE AREA CODE): _(706) 651-1000_

FACILITY INFORMATION

FACILITY NAME: _Fulghum Fibres- Meridian_

CONTACT NAME & POSITION: ___Jimmy Ray Downey -manager_

CONTACT PHONE NUMBER (INCLUDE AREA CODE): _(601) 527 9681_

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

2 4 2 _1 sawmills and planing mills, General_

PHYSICAL SITE ADDRESS: STREET: _4200 Frontage Road_

CITY: Meridian COUNTY: Lauderdale_ ZIP: 39301

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 20 minutes 59.50 seconds

LONGITUDE: 88 degrees 43 minutes 12.20seconds

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: 32 degrees 21minutes 06seconds

LONGITUDE: 88 degrees 43minutes 21seconds

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

SOWASHEE 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.

Signature

Date

August 30, 2017

Printed Name¹

Kevin W. Cain

Title President

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



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
FULGHUM FIBRES, INC.	Legal

Business Information

Business Type:	Profit Corporation
Business ID:	612288
Status:	Good Standing
Effective Date:	01/10/1992
State of Incorporation:	GA
Principal Office Address:	3604-C Wheeler Road Augusta, GA 30909

Registered Agent

Name
C T CORPORATION SYSTEM 645 LAKELAND EAST DR STE 101 FLOWOOD, MS 39232

Officers & Directors

Name	Title
Kevin Cain 3604-C Wheeler Road Augusta, GA 30909	Director, President
Colin Morris 3604-C Wheeler Road Augusta, GA 30909	Secretary
Keith B Forman 3604-C Wheeler Road	Director

Augusta, GA 30909

Leroy H Simkins
3604-C Wheeler Road
Augusta, GA 30909

Director

Anthony Hauff
3604-C Wheeler Road
Augusta, GA 30909

Chief Financial Officer