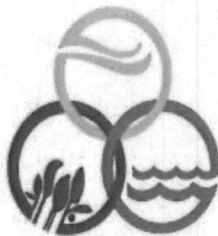
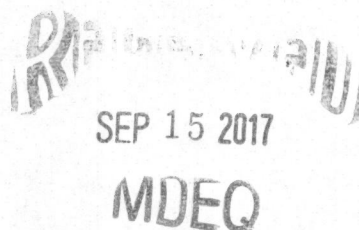


AI #1222



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 7 6

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 2 within 30 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 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: David Hankins, President

COMPANY NAME: Hankins Forest Products, Inc.

STREET OR P.O. BOX: P.O. Box 517

CITY: Ripley STATE: Mississippi ZIP: 38663

PHONE NUMBER (INCLUDE AREA CODE): (662) 837-9286

FACILITY INFORMATION

FACILITY NAME: Hankins Forest Products, Inc.

CONTACT NAME & POSITION: David Hankins, President

CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 837-9286

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2 4 1 1 Logging

PHYSICAL SITE ADDRESS: STREET: 228 County Road 35

CITY: Dennis COUNTY: Tishomingo ZIP: 38838

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 34 degrees 32 minutes 29.3 seconds LONGITUDE: -88 degrees 13 minutes 9.26 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: 34 degrees 32 minutes 27.4 seconds

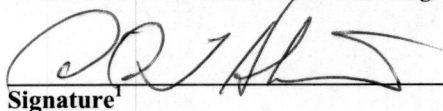
LONGITUDE: -88 degrees 13 minutes 13.5 seconds

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

Bear 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

David Hankins
Printed Name¹

9-12-17
Date

President
Title

¹This form shall be signed as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

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

Corporate Office:

P.O. Box 356 (282 Third Ave)
Sherman, MS 38869
Office: (662) 840-5945
Fax: (662) 840-5965

Other Offices:

Jackson, MS
Ocean Springs, MS
Established in 2002
www.envirocomp.net

September 6, 2017

Krystal Rudolph, P.E., BCEE
Chief, Environmental Permits Division
Environmental Permits Division
Mississippi Department of Environmental Quality
P.O. Box 2261
Jackson, MS 39225

RECEIVED

SEP 15 2017

Dept. of Environmental Quality

Re: Wet Deck Log Spray General Permit Re-Coverage Form
Hankins Forest Products, Inc.
Permit No. MSG170076
Dennis, Mississippi
Tishomingo County

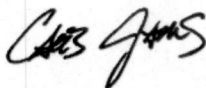
Dear Ms. Rudolph:

Pursuant to your letter, we understand that the Wet Deck Log Spray General Permit for Industrial Activities (MSG17) was reissued on July 31, 2017. Hankins Forest Products, Inc. (Hankins) has retained the services of Environmental Compliance & Safety, Inc. to prepare the necessary forms for this re-coverage. Information regarding the facility name, contact, SIC code, latitude/longitude of the facility, and stormwater outfalls covered by this general permit has been updated and is attached in the re-coverage form found in Attachment I. In addition, Proof of Registration with the Mississippi Secretary of State is provided as Attachment II.

Also, please note that per the instructions provided for re-coverage, we understand that expanding facilities are further required by MDEQ to submit a *Re-coverage Form Addendum*. Hankins has not, and is not planning on expanding its Wet Deck operations at this time and, therefore, has not completed the Addendum.

If you have any questions concerning the attached information, please feel free to contact me at (662) 840-5945 or James Willingham of Hankins at (662) 837-9286.

Sincerely,



Caleb James
Project Manager

Attachments: Attachment I – Wet Deck General Permit Re-coverage Form
Attachment II – Proof of Registration

F0012

2017189031

Fee: \$ 10



DELBERT HOSEMANN
Secretary of State

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

Business ID: 656737
Filed: 06/12/2017 02:38 PM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

Articles/Certificate of Amendment

Business Details

Business ID: 656737

Business Name: HANKINS FOREST PRODUCTS, INC.

Current Registered Agent

Name: ARNOLD D DYRE ATTORNEY
Address: 4500 I-55 NORTH #282
JACKSON, MS 39211

Amended Registered Agent

Name: FRED PERMENTER
Address: 105 E SPRING ST
RIPLEY, MS 38663

Adoption and Approval Voting

The amendment(s) was(were) adopted on 06/12/2017.

Signature

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

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 **06/12/2017**.

Name:
JAMES D HANKINS III
Vice President

Address:
PO BOX 517
RIPLEY, MS 38663