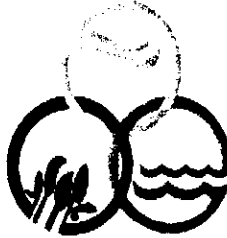


Becky

AI #9091



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

SEP 20 2017

W1150

# 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. MSG170066

## 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: Ron Clark, Plant Manger

COMPANY NAME: Enviro-Mats LLC

STREET OR P.O. BOX: 1005 West Broad Street

CITY: Monticello STATE: Mississippi ZIP: 39654

PHONE NUMBER (INCLUDE AREA CODE): 601-806-5034

## FACILITY INFORMATION

FACILITY NAME: Enviro-Mats, LLC

CONTACT NAME & POSITION: Ron Clarke, Vice President

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-806-5034

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

2 4 2 1 Sawmills & Planing Mills, General

PHYSICAL SITE ADDRESS: STREET: 1005 West Broad Street

CITY: Monticello COUNTY: Lawrence ZIP: 39654

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 degrees 33 minutes 30 seconds

LONGITUDE: 90 degrees 6 minutes 56seconds

## 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: 31degrees33minutes25seconds

LONGITUDE: 90degrees6minutes53seconds

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

OUTFALLS 001 FLOWS INTO AN UNNAMED TRIBUTARY OF PEARL RIVER.

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<sup>1</sup>

9/15/2017  
Date

Ron Clarke  
Printed Name<sup>1</sup>

Plant Manger  
Title

<sup>1</sup>This 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



RECEIVED  
SEP 20 2017  
Dept. of Environmental Quality

- Monticello, MS 39654 • Phone: 601-602-8222 • Cell: 601-606-1707 •
- E-Mail: jgay@enviro-mats.com •

September 15, 2017

CERTIFIED MAIL: 7015 3010 0001 8157 5761

Chief, Environmental Permits Division,  
Mississippi Department of Environmental Quality  
Office of Pollution Control  
P.O. Box 2261  
Jackson, MS 39225

Re: **Enviro Mats LLC**  
**Wet Deck Permit Renewal Application**  
**AI ID # 9091**  
**Lawrence County**

Dear Chief:

Enviro-Mats LLC, hereby submits the Wet Deck Permit renewal application for the above referenced facility. The Wet Deck permit (MSG170066) serves all log spray operations on this site.

Please contact me at 601-606-1707 if you have any questions or require additional information. Thank you for your assistance in this matter.

Sincerely,

Ron Clark  
Plant Manager

Attachments – Wet Deck Log Spray Permit Re-Coverage

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Environmental Permits Division  
MDEQ, OPC  
P.O. Box 2261  
Jackson, MS 39225



9590 9402 1862 6104 3105 47

2. Article Number (Transfer from service label)

7015 3010 0001 8157 5761

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Mail  
Mail Restricted Delivery  
(0)

Domestic Return Receipt

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

2017 Enviro-Mat WebDeck Receiver

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

Street and A

City, State, Z

PS Form 38

Postmark  
Here

Environmental Permits Division  
MDEQ, OPC  
P.O. Box 2261  
Jackson, MS 39225

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3010 0001 8157 5761

7015 3010 0001 8157 5761