

AI # 4664



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
OCT 4 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 0047

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): N/A

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Chris Pitts Owner/Member
COMPANY NAME: Oktoma Wood Products, LLC.
STREET OR P.O. BOX: PO Box 2469
CITY: Collins STATE: MS ZIP: 39428
PHONE NUMBER (INCLUDE AREA CODE): 601-410-5240

FACILITY INFORMATION

FACILITY NAME: Oktoma Wood Products, LLC.
CONTACT NAME & POSITION: Chris Pitts, Owner/Member
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-410-5240
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
321211 Hardwood Veneer & Plywood Manufacturing
PHYSICAL SITE ADDRESS: STREET: 2617 Highway 49 South
CITY: Collins COUNTY: Covington ZIP: 39428
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 31.597105° N degrees minutes seconds LONGITUDE: -89.530310° W degrees minutes seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 3

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: 31.545447 degrees 002 minutes 44 seconds

31.597775

31.597571

LONGITUDE: -89.533576 degrees 60 minutes 30 seconds

-89.530342

-89.530275

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

Okatoma 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.

Chris Pitts
Signature¹

9-28-17
Date

Chris Pitts
Printed Name¹

Owner / Member
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

State of Mississippi

Certificate of Formation

Acting under the authority vested in me as Secretary of State by the Constitution and Laws of this State,
I do hereby certify the following has satisfied all conditions precedent for formation in this State.

Okatoma Wood Products, LLC

Given this the 1st day of April, Two Thousand and Sixteen, in the Capital City of Jackson, Mississippi under my Hand and Seal,

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMAN, JR.
Secretary of State



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2016115647

Fee: \$ 50



DELBERT HOSEMAN
Secretary of State

Business ID: 1089776
Filed: 04/01/2016 03:54 PM
C. Delbert Hosemann, Jr.
Secretary of State

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

TELEPHONE: (601) 359-1633

Mississippi Limited Liability Company Certificate of Formation

Business Information

Business Type: Limited Liability Company
Business Name: Okatoma Wood Products, LLC
Business Email: okatomawood@yahoo.com
Future Effective Date: 04/01/2016
Period of Duration: Perpetual

NAICS Code/Nature of Business

321999 - All Other Miscellaneous Wood Product Manufacturing
321211 - Hardwood Veneer and Plywood Manufacturing
321212 - Softwood Veneer and Plywood Manufacturing

Registered Agent

Name: Christopher Lee Pitts
Address: 26 Babe Dawes Road
Waynesboro, MS 39367

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 **04/01/2016**.

Name:
Christopher Lee Pitts
Member

Address:
26 Babe Dawes Road
Waynesboro, MS 39367