

AI:73932



INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
INDUSTRIAL STORMWATER GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR00 2 3 5 0

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Industrial Stormwater General Permit. This form must be completed and returned to the address printed at the bottom of page 2.

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.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants.

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 Industrial Stormwater Forms Package. 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).

Do not submit this form if submitting a "No Exposure Certification."

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Brad Smith, EHS Director

EMAIL ADDRESS: brad.smith@jonescompanies.com

COMPANY NAME: Jones Lumber Company

STREET OR P.O. BOX: 2438 Highway 98 East

CITY: Columbia STATE: MS ZIP: 39429

PHONE NUMBER (INCLUDE AREA CODE): 601-633-6435

FACILITY INFORMATION

FACILITY NAME: Jones Lumber Company, Natchez Sawmill

CONTACT NAME & POSITION: Brad Smith, EHS Director

CONTACT PHONE NUMBER (INCLUDE AREA CODE): Office: 601-633-6435 Cell: 601-467-6923

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2 4 2 1 2421 Sawmills and Planing Mills, General

m

6037: 44

1. *What is the purpose of this study?*

50

PHYSICAL SITE ADDRESS

STREET: 3 Dave Levite Road

CITY: Natchez COUNTY: Adams

ZIP: 39120

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 degrees 34 minutes 41 seconds LONGITUDE: 91 degrees 22 minutes 04 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: St. Catherines Creek

IS RECEIVING STREAM ON MDEQ's 303(d) LIST?

☒ YES ☐ NO

IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?

☒ YES ☐ NO**STORM WATER POLLUTION PREVENTION PLAN (SWPPP)**

IS A COPY OF THE SWPPP AT THE PERMITTED SITE?

☒ YES ☐ NO

IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS?

☒ YES ☐ NO

IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).

AUTO SALVAGE FACILITIES ONLY

FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BE SUBMITTED TO MDEQ NO LATER THAN JANUARY 31, 2022.

DOES THE SWPPP REQUIRE CHANGES TO COMPLY WITH THE NEW PERMIT?

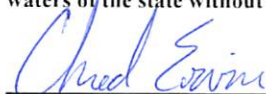
☐ YES ☐ NO

IS A REVISED COPY OF THE SWPPP ATTACHED?

☐ YES ☐ NO

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.

Signature¹

3-19-21

Date

Chad Ervin

Printed Name¹

Chief Financial Officer

Title

¹This form shall be signed according to ACT16, T-9 of the General Permit, as follows:

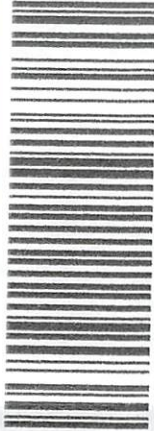
- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

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

7017 2400 0001 1424 7635

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

CERTIFIED MAIL®



7017 2400 0001 1424 7635

7017 2400 0001 1424 7635

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com*Jones Lumber SW Permit Renew*

Certified Mail Fee

\$

Extra Services & 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 and Fees

\$

Sent To

OPC, EPD, MDEQ

Street at

PO Box 2261

City, Sta

Jackson, MS 39225

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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:

OPC, EPD, MDEQ
PO Box 2261
Jackson, MS 39225



9590 9402 5953 0062 7632 08

2. Article Number (Transfer from service label)

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

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

Domestic Return Receipt



Jones Lumber Company., Inc.
2438 Hwy 98 E | Columbia, MS 39429
D: 601.633.6435 | F: 601.633.6635 | C: 601.467.6923
www.JonesCompanies.com

March 19, 2021

Certified Mail Number: 7017 2400 0001 1424 7635

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



Re: **Industrial Storm Water Recoverage Form**
AIID #73932 Storm Water Permit No. MSR002350
3 Dave Levite Road, Natchez, MS 39120

Dear Chief,

Jones Lumber Company, hereby submits this Industrial storm water general permit recoverage form for the above referenced facility. The Industrial storm water permit serves all operations on this site.

Please contact me at 601-633-6435 if you have any questions or require additional information. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in blue ink that reads "Chad Ervin".

Chad Ervin
Chief Financial Officer Officer

Attachments – Industrial Storm Water General Permit Recoverage Form

