



WET DECK LOG SPRAY RECOVERY FORM

CURRENT COVERAGE NO.: MSG17 0011

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage)



Legal Company Name: Rehten Timber LLC Facility Name: HATTIESBURG WOODYARD
 Contact Name and Position: W. BRUCE MAGEE CFO
 Contact Area Code and Phone Number: (601) 545-8222 Contact Email: WMAGEE@RTLLC.COM
 Primary SIC Code: (2411) Primary NAICS Code (6-digit): ()
 Physical Site Address - Street: 1920 GLENDALE RD
 City: HATTIESBURG State: MS Zip: 39401 County: FORREST
 Mailing Address - Street: P O Box 606
 City: PETAL State: MS Zip: 39465

Provide the coordinates of the Plant Entrance:

Latitude: 31 degrees 20 minutes 50 seconds Longitude: 89 degrees 18 minutes 14 seconds

Identify boiler blowdown, exterior equipment and vehicle wash waters, or engine washing waters and associated outfall.

Identified the number of outfalls/release points under this coverage? 1

Provide the coordinates of Outfall 001:

Latitude: 31 degrees 20 minutes 49 seconds Longitude: 89 degrees 18 minutes 07 secondsNearest named waterbody which storm water will enter: UN-NAMED Ditch to BOWIE RIVERProvide the coordinates of Outfall 002: ☐ N/ALatitude: degrees minutes seconds Longitude: degrees minutes secondsNearest named waterbody which storm water will enter: Provide the coordinates of Outfall 003: ☐ N/ALatitude: degrees minutes seconds Longitude: degrees minutes secondsNearest named waterbody which storm water will enter: Are there any discharges of storm water exposed to industrial activities or allowable non-storm water discharges which do not drain to and discharge from a WDLR recirculation pond? ☐ YES ☒ NOIf yes, a SWPPP is required to be submitted to address this industrial stormwater. The SWPPP is maintained on site and a copy is attached with this form. ☐ YES ☐ NO ☐ N/A

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 the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to emit regulated air emissions and discharge wastewater or storm water associated with industrial activity under this general permit. I understand that discharging pollutants associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

W. Bruce Magee
 Authorized Signature (shall be signed according to ACT 4, T-4 of the GP)

3/9/22
 Date Signed

W. BRUCE MAGEE
 Printed Name

CFO
 Title

Submit signed form online at www.mdeq.ms.gov/wdlsgp or a hard copy to Water II Branch Manager, EPD, MDEQ, PO Box 2261, Jackson, MS 39225

m - received via email 3.9.22