Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 cha	h).		4/13/	10	7 Form App	OMB No. 2040-0086 App	OT C	DC expire	OO s 7-31-88				
			NFORM		ION AGENCY	I. EPA I.D. NUMBER							
I VEFA a	onsoli	dated	d Permits F	rog	rem	F None			D				
LABEL ITEMS I. EPA I.D. NUMBER	Jene.	V	X	Ž.	Re33	GENERAL INSTI If a preprinted label has it it in the designated space.	Revie	w th	e inform-				
Hankins Lumber Company, Inc.	ES	X	1269	A	82	ation carefully; if any of through it and enter the appropriate fill—in area be the preprinted data is abs	correction.	et da Also,	ta in the if any of				
PO Box. 1397 Grenada, MS 38902-1397	PLEASE PLACE LABEL IN THIS SPACE								left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which				
Nat G. Trout Rd. Elliott, MS. 38926									must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.				
II. POLLUTANT CHARACTERISTICS	1	1		1									
INSTRUCTIONS: Complete A through J to determine we questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	tal fo to ea instr	rm li ich q uctio	sted in the uestion, y ns. See als	ou r	renthesis following the quest need not submit any of these	ion. Mark "X" in the box in forms. You may answer "no or definitions of bold—faced	the the	our a	olumn				
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		ND	ATTACHED	В.	Does or will this facility (e.		YES	NO	ATTACHED				
		17	- 10		include a concentrated an equatic animal production discharge to waters of the U	19	10	21					
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in	~			D.	in A or B above) which w	rill result in a discharge to		~					
A or B above? (FORM 2C)	22	23	24	F.	Do you or will you inject a		23	2.6	17				
E. Does or will this facility treet, store, or dispose of hazardous wastes? (FORM 3)			30		municipal effluent below to taining, within one quarte underground sources of dring	31	22	23					
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34	** *	34	н.	Do you or will you inject a cial processes such as mini process, solution mining of tion of fossil fuel, or recov (FORM 4)	17	٠ "	39					
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		~		J.	Is this facility a proposed NOT one of the 28 indust instructions and which will per year of any air pollutant Air Act and may affect or b area? (FORM 5)		V						
III. NAME OF FACILITY	40	41	42				43	44	43				
1 SKIP Hankins Lumber Company, Inc.													
IV. FACILITY CONTACT			عند				6)						
A. NAME & TITLE (last, fin	et, &	title)		_		HONE (area code & no.)							
2 Steve Howell, Purchasing Agent					662	226 2961							
V. FACILITY MAILING ADDRESS					43 46 - 43	49 - 51 52 - 55							
A. STREET OR P.O. I	хов	1 7											
3 P. O. Box 1397									1				
B. CITY OR TOWN					C.STATE D. ZIP CODE								
4 Grenada				'	MS 38902								
VI. FACILITY LOCATION													
A. STREET, ROUTE NO. OR OTHER SE	ECIF	10 10	DENTIFIE	R									
Nat G. Trout Road													
B. COUNTY NAME				Т	45								
Grenada	1	1 1	177										
C. CITY OR TOWN				10	D.STATE E. ZIP CODE	F. COUNTY CODE							
6 Elliott			• • • •	·	MS 38926	(if known)							
EPA Form 3510-1 (Rev. 10-80)						CONTIN	UE O	N RE	VERSE				
	16.7		88										

CONTINUED F ROM THE FRONT					
VII. SIC CODE S (4-digit, in order of priority)		الكالكا			
A. FIRST				B. SECOND	
7 2421 (specify) Lumber Manufactu	ring	17	(specify)		
15 16 - 19	11119	13 19 19			
C. THIRD			/i6-1	D. FOURTH	
(specify)		7 ' '	(specify)		
15 16 19		19 16 - 19			
VIII. OPERATOR INFORMATION					2 leakers
	A. NAME		1111		B. Is the name listed I Item VIII-A also th
8 Hankins Lumber Company, Inc.					owner?
					YES NO
13 14 (Free ch		. h /6 !! Oah !!			rea code & no.)
C. STATUS OF OPERATOR (Enter the appropriate of the state			specify.)		THITT
S = STATE O = OTHER (specify)	ral or state) P (sp	ecify)		A 662 2	26 2961
P = PRIVATE	н			15 16 10 10	21 22 - 25
E. STREET OR P.	5. BOX		-		
P. O. Box 1397					
26			15]		
F. CITY OR TOWN		G.STATE	H. ZIP CODE	IX. INDIAN LAND	a Indian lands?
B Grenada		MS	38901	Is the facility located of	NO
				YES I	ZINO
13 14		40 41 42 4	47 - 11		
X. EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water)	D. ASD. / L/o Emissions	for Property Ser			
	D. PSD (Air Emissions	rom Proposed Sol	urces)		
9 N MS00268/5	P NA				
B. UIC (Underground Injection of Fluids)	E. OTHER	(specify)	30		
	MSRboos		(speci	fyl	
9 U NA 9		1/4		tormwater	
	E. OTHER	(specify)	30]		
C. RCRA (Hazardous Wastes)	0000 000		(speci	fy)	
9 R 197	0960-000	10	Titl	e V Air Permit	
XI. MAP					
Attach to this application a topographic map of	the area extending to	at least one mile	e beyond prop	erty boundaries. The	map must show
the outline of the facility, the location of each	of its existing and pro	oposed intake as	nd discharge s	tructures, each of its	hazardous waste
treatment, storage, or disposal facilities, and each			round. Includ	e all springs, rivers ar	nd other surface
water bodies in the map area. See instructions for	precise requirements	•			
XII. NATURE OF BUSINESS (provide a brief description					
Hankins Lumber Co. Inc. operate	es a lumbor mon	ufacturing fo	soilite Co.	than Dina lasa	
Hankins Lumber Co., Inc. operate	s a lullibel illali	ulacturing la	acility. Sol	utnern Pine logs	are
purchased. The logs are debarke	and sawed in	o green, rou	ıgh lumbei	r. The green lur	nber is kiln
dried in kilns heated by steam fro	m boilers. The o	dried lumber	is planed,	sorted and stac	ked.
			· 4		
VIII OF DATE OF THE ATTOMY					
XIII. CERTIFICATION (see instructions)					
I certify under penalty of law that I have person	ally examined and am	familiar with th	he information	n submitted in this ap	plication and all
attachments and that, based on my inquiry of	those persons immed	diately responsib	ble for obtain	ing the information of	contained in the
application, I believe that the information is tru false information, including the possibility of fine	e, accurate and comp	iete. i am aware	that there a	re significant penaltie	s for submitting
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATUI	DE /		16.64	TE SIGNED
	2. 31614 101	,//		C. 04	
Al Hankins, Jr., President	100	Va h.		16	111/16
COMMENTS FOR OFFICIAL HOP ONLY	ar x	Task		1,0,	12/00
COMMENTS FOR OFFICIAL USE ONLY		عزور شناء أد			
c					
15 16				-1-1-1-1-55	