AL#9132





# BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 4 5 1

#### **INSTRUCTIONS**

The submittal of this form is required to receive coverage under the reissued Baseline General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

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. The visual assessment and training sections of your SWPPP will probably need to be updated to adhere to permit requirements (see ACT8, S-1 and ACT12, S-1 and S-2). These updates do NOT need to be submitted to MDEQ.

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 Baseline 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).

The Certificate of Coverage sh	ould be mailed to: owner/operato	or facility (please check one)
	COVERAGE RECIPIENT INFORMA	ATION
CONTACT NAME & POSITION: Patr	rick A. Ricks Area Manager - Softwood	Lumber
COMPANY NAME: Georgia-Pacific	e Wood Products LLC	
STREET OR P.O. BOX: 5101 Highw	vay 99	
CITY: Brunswick	STATE: Georgia	ZIP: 31525
PHONE NUMBER (INCLUDE AREA C	ODE): (912) 554-1215	

### **FACILITY INFORMATION**

THE RELL THE CHANGE	TOTT		
FACILITY NAME: Leaf River Forest Products LLC			
CONTACT NAME & POSITION: Gary Walters - Plant Superintendent			
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 964-7400			
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DE	SCRIPTION OF INDUS	TRIAL ACTI	VITY:
2 4 2 1 Processes southern pine logs into kiln dried dimension	nal lumber		
PHYSICAL SITE ADDRESS: STREET: 106 Old Augusta Re	oad		
CITY: New Augusta COUNTY: Perry		ZIP: 39462	
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:			
LATITUDE: 31 degrees 14 minutes 10 seconds LONGITUE			seconds
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING	THE SITE: Leaf Rive	<u>r</u>	
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?			✓ NO
IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STR	EAM SEGMENT?	<b>✓</b> YES	NO
STORM WATER POLLUTION PREVENT	TION PLAN (SWPP	P)	
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?		<b>✓</b> YES	□ NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instruction		? VES	NO
I certify under penalty of law that this document and all attachments were prepared usystem designed to assure that qualified personnel properly gathered and evaluated the person or persons who manage the system, or those persons directly responsible for gathe best of my knowledge and belief, true, accurate and complete. I am aware that the information, including the possibility of fines and imprisonment for knowing violation. I further certify that I understand when coverage is terminated the facility is no longer industrial activity under this general permit. I understand that discharging pollutants waters of the state without NPDES coverage is in violation of state law.	te information submitted. In thering the information, there are significant penalties is.  The authorized to discharge is in storm water associated to the storm water as the storm water associated to the storm water as the storm water	Based on my in ne information for submitting torm water ass	quiry of the submitted is, to false ociated with
Signature <sup>1</sup>	Date		
Patrick A. Ricks Printed Name	Area Manager - Sof Title	twood Lum	ber
<sup>1</sup> This form shall be signed according to ACT14, 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



#### Leaf River Forest Products LLC.

106 Old Augusta Road New Augusta, MS 39462 Telephone (601) 964-7400

## CERTIFIED MAIL # 7009 2820 00040593 0612 Return Receipt Requested

November 4, 2010

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



RE:

Baseline Storm Water General Permit Re-coverage Form

Leaf River Sawmill - Coverage No. MSR000451

To whom it may Concern:

Please find enclosed the Baseline Storm Water General Permit Re-coverage Forms required by ACT3 Condition No. S-3 of the Baseline Storm Water General Permit For Industrial Activities (MSR00) for the Georgia-Pacific Leaf River Sawmill - Coverage No. MSR000451. As indicated on the Baseline Re-coverage Form the Leaf River is not on MDEQ's 303(d) list of Impaired Water Bodies. However, a TMDL has been established for this stream and is so noted on the form.

If you have any questions please contact Joe Flick at 601 785-4721.

Sincerely,

Patrick A. Ricks

Area Manager – Softwood Lumber