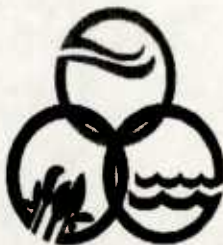


AJ #1536

Jonathan

MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED

MAY 31 2011

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 0056

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 2 within 30 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 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): NO

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: MIKE MYRICK - DIRECTOR OF HUMAN RESOURCES AND RISK MANAGEMENT

COMPANY NAME: ANDERSON-TULLY LUMBER COMPANY

STREET OR P.O. BOX: PO BOX 38

CITY: VICKSBURG STATE: MS ZIP: 39181

PHONE NUMBER (INCLUDE AREA CODE): 601-629-6708

FACILITY INFORMATION

FACILITY NAME: ANDERSON-TULLY LUMBER COMPANY - WALTERSVILLE LUMBER MILL

CONTACT NAME & POSITION: MIKE MYRICK - DIRECTOR OF HUMAN

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601 629-6708

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

2421 SAWMILL AND PLANING INCLUDING KILN DRYING

PHYSICAL SITE ADDRESS:

STREET:

1725 NORTH WASHINGTON ST.

CITY: VICKSBURG

COUNTY:

WARREN

ZIP:

39181

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 90 degrees 52 minutes 16 seconds

LONGITUDE: 32 degrees 22 minutes 67 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 1

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: 32 degrees 23 minutes 18 seconds

LONGITUDE: 90 degrees 52 minutes 26 seconds

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

UNNAMED TRIBUTARY OF THE YAZOO RIVER DIVERSION CANAL

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.

Mike Myrick
Signature¹

MIKE MYRICK
Printed Name¹

5/27/2011
Date
DIRECTOR OF HUMAN RESOURCES
AND RISK MANAGEMENT
Title

¹This form shall be signed as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.

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

RECEIVED

MAY 31 2011

ANDERSON-TULLY LUMBER COMPANY

P. O. Box 38
Vicksburg, MS 39180
(601) 629-6708

Dept of Environmental Quality

May 27, 2011

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

Certified Mail, Return
Receipt Requested
7011 0110 0002 1913 5075

RE: WET DECK LOG SPRAY WITH CIRCULATION
GENERAL PERMIT RECOVERAGE FORM

To Whom It May Concern:

Please find enclosed the general permit recoverage form for our wet deck log spray with recirculation permit. If you require additional information, please do not hesitate to contact me.

Sincerely,



Mike Myrick
Director of Human Resources and Risk Management
Anderson-Tully Lumber Company