

AI #1642

Jonathan



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
JUN 10 2011

MDEQ

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 0 0 2 9

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: Benjamin E. Crim, P.E., Director of Engineering

COMPANY NAME: Hood Industries, Inc.

STREET OR P.O. BOX: P. O. Box 98

CITY: Wiggins STATE: MS ZIP: 39577

PHONE NUMBER (INCLUDE AREA CODE): 601-264-2962

FACILITY INFORMATION

FACILITY NAME: Hood Industries, Inc.

CONTACT NAME & POSITION: Benjamin E. Crim, P.E., Director of Engineering

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-264-2962

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

2 4 3 6 Softwood Veneer and Plywood

PHYSICAL SITE ADDRESS: STREET: 1945 South First Street

CITY: Wiggins COUNTY: Stone ZIP: 39577

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 degrees 49 minutes 35 seconds LONGITUDE: 89 degrees 07 minutes 38 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: 30 degrees 49 minutes 34 seconds

LONGITUDE: 89 degrees 07 minutes 28 seconds

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

Church House Branch

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.

Signature 

Fran Eck

Printed Name¹

Date 6/02/11

Vice President

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



HOOD INDUSTRIES, INC.

15 PROFESSIONAL PARKWAY
HATTIESBURG, MS 39402
Phone: (601) 264-2962 • FAX: (601) 296-4766
www.hoodindustries.com

RECEIVED
JUN 10 2011
Dept of Environmental Quality
Office of Pollution Control

June 9, 2011

CERTIFIED MAIL, RETURN RECEIPT REQUESTED - 7010 1670 0000 6474 3475

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

Re: Wet Deck Log Spray General Permit, No. MSG170029
Re-coverage Form
Wiggins, Stone County, MS

Dear Sir:

Enclosed please find our Wet Deck Log Spray with Recirculation General Permit Re-coverage Form for our Wiggins facility.

Please contact me if additional information is required.

Sincerely,

HOOD INDUSTRIES, INC.

Benjamin E. Crim, P.E.
Director of Engineering

Enclosure

cc: Mr. Tony Gamble
Mr. Sam Newbill
Mr. Fran Eck
H. M. Rollins Company, Inc.

File No. 1.05

LOCATIONS

226 Delta Pine Rd.
Beaumont, MS 39423
(601) 784-3416

915 Industrial Park Rd.
Waynesboro, MS 39367
(601) 735-5038

1945 South 1st Street
Wiggins, MS 39577
(601) 928-7241

1033 South Reynolds St.
Metcalf, GA 31799
(229) 228-0707