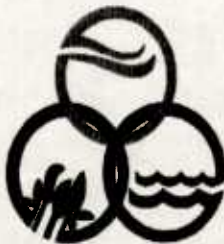


ADD #975

Jonathon



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED

JUN 10 2011
Dept of Environmental Quality
Office of Pollution Control

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 0088

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): NONE

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: ALAN LEWIS, PRESIDENT

COMPANY NAME: MAJESTIC TIMBER, LLC

STREET OR P.O. BOX: P.O. Box 480095

CITY: LINDEN STATE: AL ZIP: 36748

PHONE NUMBER (INCLUDE AREA CODE): 334-295-2304

FACILITY INFORMATION

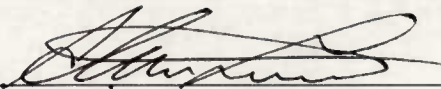
FACILITY NAME: MAJESTIC TIMBER, LLC
CONTACT NAME & POSITION: ALAN LEWIS, PRESIDENT
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 334-295-2304
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2421 Woodyard with Two WET DECKS
PHYSICAL SITE ADDRESS: STREET: 18965 Highway 80 EAST
CITY: Hickory COUNTY: NEWTON ZIP: 39332
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 32 degrees 19 minutes 9 seconds LONGITUDE: 89 degrees 0 minutes 43 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 2
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.):
OUTFALL 001 OUTFALL 002
LATITUDE: 32 degrees 18 minutes 55 seconds LATITUDE: 32 DEGREES 18 MINUTES 57 SECONDS
LONGITUDE: 89 degrees 0 minutes 51.66 seconds LONGITUDE: 89 DEGREES 0 MINUTES 318 SECONDS
RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.):
001- POTTERCHITTO CREEK 002- POTTERCHITTO CREEK

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.


Signature¹

6/7/11
Date

Alan Lewis
Printed Name¹

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