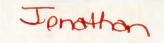
AF#123





RECEIVED

JUN 2 1 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 0 0 1 2

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 sh	ould be mailed to: Nowner/ope	rator	
Are their any ongoing or propo System (Please specify):	sed construction activities which in	nvolve the Wet Deck Log Spray Recirculation)n
	COVERAGE RECIPIENT INFO	DRMATION	ij
CONTACT NAME & POSITION: Bru	ce Reynolds, Vice President		
COMPANY NAME: Rives and Rey	nolds lumber Co., Inc		
STREET OR P.O. BOX: 33 Vaughn	Dr.		
CITY: Natchez	STATE: MS	ZIP: 39120	
PHONE NUMBER (INCLUDE AREA C	ODE): (601) 445-8206		

FACILITY INFORMATION

	TACILITITION	IATION	
FACILITY NAME: Rives and R	teynolds lumber Co., Inc		
CONTACT NAME & POSITION: _	Bruce Reynolds, Vice President		
CONTACT PHONE NUMBER (INC	CLUDE AREA CODE): (601) 445- 820	06	
PRIMARY STANDARD INDUSTRI	AL CLASSIFICATION (SIC) CODE & D	ESCRIPTION OF INDUSTRIAL	LACTIVITY:
2 4 2 1 Sawmills a	nd Planing Mills, General		
PHYSICAL SITE ADDRESS:	STREET: 33 Vaughn Dr.		
CITY: Natchez	COUNTY: Adams		ZIP: 39120
PROVIDE THE COORDINATES O	F THE PLANT ENTRANCE:		
LATITUDE: 31 degrees 34 minu	utes 29 seconds LONGITUDE	: 91 degrees 21 minutes 54	seconds
WET DECK	LOG SPRAY RECIRCULATION	ON SYSTEM INFORMA	ATION
HOW MANY OUTFALLS/RELEAS	SE POINTS ARE ELIGIBLE FOR COVER	rage? 1	
GEOGRAPHIC POSITION FOR O	UTFALL(S) FROM WET DECK LOG SPI	RAY RECIRCULATION POND	(S) (IF THE APPLICANT
	/ RELEASE POINT ELIGIBLE FOR CO		
LATITUDE: 31 degrees 34 minu	ites 67 seconds		
LONGITUDE: 91 degrees 21 mi	nutes 42 seconds		
	EE THAN ONE OUTFALL IS COVERED,	INDICATE THE RESPECTIVE	RECEIVING STREAM FOR
EACH OUTFALL.): Outfall 001 discharges into u	nnamed ditch thence to St. Cather	ino Crook	
Outrain our discharges into the	infamed diten thence to St. Cather	ine creek	
system designed to assure that qualify person or persons who manage the sy the best of my knowledge and belief, information, including the possibility. I further certify that I understand where the system of the	is document and all attachments were prepared personnel properly gathered and evaluates of those persons directly responsible true, accurate and complete. I am aware the of fines and imprisonment for knowing violen coverage is terminated the facility is no permit. I understand that discharging pollustrage is in violation of state law.	ated the information submitted. I for gathering the information, the hat there are significant penalties plations. Longer authorized to discharge st	Based on my inquiry of the ne information submitted is, to for submitting false torm water associated with
Signature Signature	your	6-16-11 Date	
S.g.m.cure		Date	
Bruce Reynolds		Vice President	
Printed Name		Title	
 This form shall be signed as follows: For a corporation, by a responsib For a partnership, by a general partnership, by the partnership, by the partnership. 	le corporate officer. artner.		
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Qual P.O. Box 2261 Jackson, Mississippi 39225	ity, Office of Pollution Control	



Rives & Reynolds Lumber Company, Inc.

33 Vaughn Drive Natchez, MS 39120 Phone: 601-445-8206 Fax: 601-442-7/30

Dept of Environmental Quality

6-17-2011

CERTIFIED MAIL No.: 7009 0820 0001 3303 5708

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

Re: Wet Deck Permit Renewal Application

Rives and Reynolds Lumber Company – Natchez Mill

Natchez, Mississippi

Agency Interest Number: 123

Dear Sir:

Rives and Reynolds Lumber Company, Inc, hereby submits the Wet Deck Permit renewal application for the above referenced facility. The Wet Deck permit number (MSG170012) serves all log spray operations on this site.

If you have any questions, please contact me at 601-445-8206.

Sincerely,

Bruce Reynolds Vice President

Enclosure – Wet Deck Log Spray Permit Re-Coverage