

FILE # 3697

Becky



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

RECEIVED

AUG 28 2017

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 0042

## 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 3 within 45 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 company seeking permit coverage is a corporation, a limited liability company, a partnership, or a business trust, then attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of this submittal. Coverage will be issued to the company name as it is registered with the Mississippi Secretary of State.

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): na

### COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Craig Pyron  
COMPANY NAME: Pearl River Lumber Company Inc.  
STREET OR P.O. BOX: 468  
CITY: Crystal Springs STATE: MS ZIP: 39059  
PHONE NUMBER (INCLUDE AREA CODE): 601-892-2241

### FACILITY INFORMATION

FACILITY NAME: Pearl River Lumber Company Inc.  
CONTACT NAME & POSITION: Craig Pyron Pres.  
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-892-2241  
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2421 Hardwood Sawmill  
PHYSICAL SITE ADDRESS: STREET: 46137 Hwy 28 East  
CITY: Georgetown MS COUNTY: Copiah ZIP: 39068  
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
LATITUDE: N31 degrees 52 minutes 32 seconds LONGITUDE: W 90 degrees 08 minutes 20 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: <sup>N</sup>31 degrees 52 minutes 33.6318 seconds

LONGITUDE: <sup>W</sup>90 degrees 08 minutes 21.1812 seconds

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

Pearl River

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<sup>1</sup>

Date

Printed Name<sup>1</sup>

Title

<sup>1</sup>This form shall be signed by the current coverage recipient according to ACT6, T-30 of the General Permit.

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

**F0008**

**2017073351**

*CLB* *PRL*

**Fee: \$ 25**



**DELBERT HOSEMANN**  
*Secretary of State*

Business ID: 733603  
Filed: 03/06/2017 11:47 AM  
C. Delbert Hosemann, Jr.  
Secretary of State

**P.O. BOX 136**  
**JACKSON, MS 39205-0136**

**TELEPHONE: (601) 359-1633**

## 2017 Corporate Annual Report

### **Business Information**

**Business ID:** 733603

**Business Name:** PEARL RIVER LUMBER  
COMPANY, INC.

**State of Incorporation:** MS

**Business Email:** cpyron123@bellsouth.net

**Phone:** (\*\*\*)\*\*\*-\*\*\*\*

**FEIN:** \*\*-\*\*\*\*\*

**Principal Address:** 46137 HWY 28 E; P.O. BOX 468  
CRYSTAL SPRINGS, MS 39059

### **Registered Agent**

**Name:** R CRAIG PYRON

**Address:** 46137 HWY 28E GEORGETOWN MS, PO BOX 468  
CRYSTAL SPRINGS, MS 39059



~~ers~~

**Title/Name:**

**President:** CRAIG PYRON

**Vice President:**

**Secretary:** John C. Pyron

**Treasurer:** John C. Pyron

**Address:**

115 MATHIS ROAD  
CRYSTAL  
SPRINGS, MS 39059

**Director:**

☐

☐

46137 Hwy 28 EastP.o.  
Box 468  
Crystal  
Springs, MS 39059  
46137 Hwy 28 EastP.o.  
Box 468  
Crystal  
Springs, MS 39059

☒

☒

**Stocks**

**Class:**

**Authorized:**

**Series:**

**Issued:**

Common

0

0

Common

0

0

Common

5000

0

Common

1

1

**NAICS Code/Nature of Business**

113310 - Logging

**Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day 03/26/2017

**Name:**

CRAIG PYRON  
President

**Address:**

115 MATHIS ROAD  
CRYSTAL SPRINGS, MS 39059

ers List

*Name:*

CRAIG PYRON

*President*

John C. Pyron

*Director, Secretary, Treasurer*

*Address:*

115 MATHIS ROAD

CRYSTAL SPRINGS, MS 39059

46137 Hwy 28 East P.o. Box 468

Crystal Springs, MS 39059