AI#2237

Becky

MISSISSIPPI DEPARTMENT 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 7 0

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 their any ongoing or proposed construction activities which involve the Wet Deck Log Spray Recirculation System (Please specify): NO

RECEIVED
AUG 30 2017
Dept. of Environmental Quality

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: _ MR. D. G. SEAGO _____

COMPANY NAME: __SEAGO LUMBER COMPANY_____

STREET OR P.O. BOX: ___P.O. BOX 607_____

CITY: __McCOMB _____ STATE: __MS _____ ZIP: _39649 _____

PHONE NUMBER (INCLUDE AREA CODE): _601-684-3000 _____

FACILITY INFORMATION

FACILITY NAME: _SEAGO LUMBER COMPANY_____ _____

CONTACT NAME & POSITION: ___D.G. SEAGO, OWNER_____

CONTACT PHONE NUMBER (INCLUDE AREA CODE): _601-684-3000_____

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

2 4 2 1 _____SAWMILLS AND PLANNING MILLS, GENERAL _____

PHYSICAL SITE ADDRESS: STREET: _ 614 WEST PRESLEY BLVD_____

CITY: McCOMB_____ COUNTY: _PIKE_____ ZIP: _39648_____

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 31 degrees 13 minutes 32 seconds LONGITUDE: 90 degrees 27 minutes 54.05seconds

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:31degrees13minutes30.8seconds

LONGITUDE:90degrees28minutes3.8seconds

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

_LITTLE TANGIPAHOA 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**[1]

__**August 25, 2017**_____ **Date**

_ **D. G. SEAGO**_____ **Printed Name**[1]

__**PRESIDENT**_____ **Title**

[1]**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