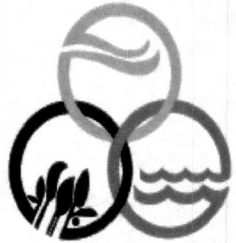


AI #1896



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
SEP 08 2017

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 MSG170007
GENERAL NPDES COVERAGE NO. MSG17

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): NO

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Wayne Batte, Vice President

COMPANY NAME: Jack Batte and Sons, Inc.

STREET OR P.O. BOX: 221 SCR 35-9

CITY: Forest STATE: Mississippi ZIP: 39074

PHONE NUMBER (INCLUDE AREA CODE): 601-536-3736

FACILITY INFORMATION

FACILITY NAME: Jack Batte and Sons, Inc.

CONTACT NAME & POSITION: Wayne Batte, Vice President

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-536-3736

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

2 4 2 1 Sawmills & Planing Mills, General

PHYSICAL SITE ADDRESS: STREET: 221 SCR 35-9

CITY: Forest COUNTY: Smith ZIP: 39074

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 09 minutes 34 seconds

LONGITUDE: 89 degrees 30 minutes 01seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 3

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.):


001	002	003
LATITUDE:32degrees09minutes48seconds	32°09'35"	32°09'42"
LONGITUDE:89degrees29minutes39seconds	89°29'45"	89°29'34"

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

OUTFALLS 001 AND 003 DISCHARGE INTO AN UNNAMED TRIBUTARY OF TISHKILL CREEK,
OUTFALL 002 DISCHARGES INTO AN UNNAMED TRIBUTARY OF REDHEAD 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

8/31/2017
Date

Wayne Batte
Printed Name¹

Vice President
Title

¹This 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

JACK BATTE & SONS, INC.

manufacturers of southern yellow pine

221 SCR 35-9
Forest, MS 39074

Telephone 601/536-3736
Fax 601/536-3748

Septemeber 8, 2017

CERTIFIED MAIL No.: 7016 3010 0000 5504 4774

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
Jack Batte and Sons, Inc.
Forest, Mississippi
Agency Interest Number: 1896

Dear Sir:

Jack Batte and Sons, Inc, hereby submits the Wet Deck Permit renewal application for the above referenced facility. The Wet Deck permit (MSG170007) serves all log spray operations on this site.

If you have any questions, please contact me at 601-536-3736.

Sincerely,



Bennie Batte
President

Enclosure – Wet Deck Log Spray Permit Re-Coverage

RECEIVED
SEP - 8 2017
Dept. of Environmental Quality