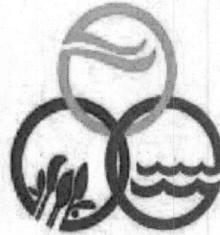


AI #2272



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
SEP 12 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 MSG17
GENERAL NPDES COVERAGE NO. MSG17 0 1 0 4

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): _____

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Rex Germany, Owner

COMPANY NAME: Forest Sales, Inc.

STREET OR P.O. BOX: Post Office Box 268

CITY: Union STATE: MS ZIP: 39365

PHONE NUMBER (INCLUDE AREA CODE): (601) 527-5573

FACILITY INFORMATION

FACILITY NAME: Forest Sales, Inc.
CONTACT NAME & POSITION: Rex Germany, Owner
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 527-5573
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2 4 1 1 Logging
PHYSICAL SITE ADDRESS: STREET: 11771 Highway 15 North
CITY: Philadelphia COUNTY: Neshoba ZIP: 39530
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 32 degrees 48 minutes 36 seconds LONGITUDE: 89 degrees 6 minutes 50 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 48 minutes 38 seconds LATITUDE: 34 degrees 48 minutes 43 seconds
LONGITUDE: 89 degrees 06 minutes 44 seconds LONGITUDE: 89 degrees 6 minutes 51 seconds
RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.):
Woodard 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.

Signature [Handwritten Signature]

Date 9/9/17

Rex Germany
Printed Name

Owner
Title

- This 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

September 8, 2017

Krystal Rudolph, P.E., BCEE
Chief, Environmental Permits Division
Environmental Permits Division
Mississippi Department of Environmental Quality
P.O. Box 2261
Jackson, MS 39225

RECEIVED
SEP 12 2017
Dept. of Environmental Quality

Re: Wet Deck Log Spray General Permit Re-Coverage Form
Forest Sales, Inc. (formerly Neshoba Wood Products, Inc.)
Ref. No. MSG170104
Philadelphia, Mississippi
Neshoba County

Dear Ms. Rudolph:

Pursuant to your letter, we understand that the Wet Deck Log Spray General Permit for Industrial Activities (MSG17) was reissued on July 31, 2017. Forest Sales, Inc. has retained the services of Environmental Compliance & Safety, Inc. to prepare the necessary forms for this recoverage. It should be noted that the previous coverage was issued to Neshoba Wood Products. Although both corporations exist and have the same principals and addresses, the facility property is owned Forest Sales Inc, and should be listed as such on the permit coverage and in your system. Information regarding the facility name, contact, SIC code, latitude/longitude of the facility, and stormwater outfalls covered by this general permit has been updated and is attached in the recoverage form found in Attachment I. In addition, Proof of Registration with the Mississippi Secretary of State is provided as Attachment II.

Also, please note that per the instructions provided for re-coverage, expanding facilities are further required to submit a Re-coverage Form Addendum. This facility has not yet been constructed, and as such no expansion activities are currently ongoing or proposed; therefore, re-coverage form addendum has not been completed.

If you have any questions concerning the attached information, please feel free to contact me at (662) 840-5945 or Rex Germany of Forest Sales at (601) 527-5573.

Sincerely,



Scott Hodges, P.E., BCEE
Project Engineer

Attachments: Attachment I – Wet Deck General Permit Re-coverage Form
Attachment II – Proof of Registration

F0008

2017006102

Fee: \$ 25



Business ID: 735165
Filed: 01/10/2017 11:48 AM
C. Delbert Hosemann, Jr.
Secretary of State

DELBERT HOSEMANN
Secretary of State

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

TELEPHONE: (601) 359-1633

2017 Corporate Annual Report

Business Information

Business ID: 735165

Business Name: FOREST SALES INC.

State of Incorporation: MS

Business Email: sandybreland@bellsouth.net

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

FEIN: **-*****

Principal Address: 10580 Road 537
Philadelphia, MS 39350

Registered Agent

Name: SANDY BRELAND

Address: 10580 Road 537
Philadelphia, MS 39350

Officers

Title/Name:

Address:

Director:

President: H. Rex Germany

PO Box 268
Union, MS 39365

Vice President: Timothy G. Breland

10580 Road 537
Philadelphia, MS 39350

Secretary: Sandy Breland

10580 Road 537
Philadelphia, MS 39350

Treasurer:

Stocks

Class:

Authorized:

Series:

Issued:

Common

5000

2000

NAICS Code/Nature of Business

115310 - Support Activities for Forestry

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 ***01/10/2017***.

Name:

Sandy Breland

Secretary

Address:

10580 Road 537

Philadelphia , MS 39350

Officers List

Name:

H. Rex Germany
Director, President

Timothy G. Breland
Director, Vice President

Sandy Breland
Secretary

Address:

PO Box 268
Union, MS 39365

10580 Road 537
Philadelphia, MS 39350

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Philadelphia, MS 39350