

AI#7807



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

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OCT 6 2017  
BY: \_\_\_\_\_

# 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

## INSTRUCTIONS

MSG170009

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: Sue Rollins Wells (Sole Owner)  
 COMPANY NAME: Rollins Wells Timber LLC (Formerly Rollins Pulpwood & Timber)  
 STREET OR P.O. BOX: P.O. Box 1095  
 CITY: Woodville STATE: MS ZIP: 39669  
 PHONE NUMBER (INCLUDE AREA CODE): 601-597-3484 (cell) 601-888-3000

## FACILITY INFORMATION

FACILITY NAME: Rollins Wells Timber (Name Change 6-10-15)  
 CONTACT NAME & POSITION: Sue Rollins Wells (Sole Owner)  
 CONTACT PHONE NUMBER (INCLUDE AREA CODE): (cell) 601-597-3484 (office) 601-888-3000  
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2411 Storage of Hardwood Logs  
 PHYSICAL SITE ADDRESS: STREET: 1911 Highway 61 South  
 CITY: Woodville COUNTY: Wilkinson ZIP: 39669  
 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
 LATITUDE: 31 degrees 4 minutes 30 seconds LONGITUDE: 91 degrees 18 minutes 45 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: 31 degrees 4 minutes 30 seconds

LONGITUDE: -91 degrees 18 minutes 45 seconds

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

- Un Named tributary (I have never had overflow. I have a empty back up pond to make sure I would never have overflow.)

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

Sue Rollins Wells

Date

10-5-2017

Printed Name

Sue Rollins Wells

Title

Owner

<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



**DELBERT HOSEMANN**  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## **Certificate of Good Standing**

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **ROLLINS WELLS TIMBER, LLC**

Registered the 22nd day of June, 2015

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

120 N. Congress St. Suite 600  
Jackson, MS 39201

And that the registered agent at that address is:

Glover Russell, P.A.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 5th day of October, 2017

A handwritten signature in dark ink that reads "C. Delbert Hosemann, Jr." The signature is written in a cursive style.

**C. DELBERT HOSEMANN, JR.**  
*Secretary of State*

Certificate Number: CN17043208

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>