

AI #73932
GMP20180001



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

DUPLICATE

RECEIVED
JUN 19 2018

WET DECK LOG SPRAY WITH RECIRCULATION NOTICE OF INTENT

FOR COVERAGE UNDER WET DECK LOG SPRAY WITH RECIRCULATION
GENERAL NPDES PERMIT MSG17 0109
(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED INDUSTRIAL ACTIVITY

INSTRUCTIONS

Submittals with this Notice of Intent (NOI) must include an United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least ½ mile beyond the site's property boundary and a drawing showing the dimensions of the wet deck recirculation pond(s) and the timber wet storage area(s). Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

For new or expanding facilities, detailed plans and specifications must be submitted for the wet deck log spray recirculation pond(s) by a registered Professional Engineer. Also, contiguous landowner notification forms, the proof of publication in a local newspaper, and the acceptance letter from a local library must also be provided as outlined in Activity 4, Conditions S-2 and S-3 of the general permit.

As part of this NOI, if applicable, all previously approved boiler chemical additive approval notifications must be submitted. At a minimum, the exact name of the chemical, the date of the facility's notification submittal, and MDEQ's approval letter must be provided.

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.

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

THE APPLICANT IS OWNER OR OPERATOR? (CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name & Position: Brad Smith, HSE Director

Owner Company Name: Jones Lumber Company

Owner Street or (P.O. Box): 3 Dave Levite Road

Owner City: Natchez State: MS Zip: 39120

Owner Phone Number (Include Area Code): 601-633-6435

OPERATOR INFORMATION (if different than owner)

Operator Contact Name & Position: _____

Operator Company: _____

Operator Street (P.O. Box): _____

Operator City: _____ State: _____ Zip: _____

Operator Phone Number (Include Area Code): _____

FACILITY INFORMATION

Facility Name: Natchez Sawmill

Nature of Business (Include 4 – digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 2 4 2 1 Sawmill

Physical Site Address (if not available indicate the nearest named road):

Street: 3 Dave Levite Road City: Natchez

County: Adams Zip: 39120

Geographic Position:

Latitude: 31degrees34minutes40.83seconds

Longitude: 91degrees22minutes04.33seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

How many outfalls/release points are eligible for coverage? 2

Siting Criteria (For New Construction Only):

MDEQ considers wet deck log spray recirculation systems to be wastewater treatment systems. According to the "State of Mississippi Wastewater Regulations", wastewater treatment systems must be 150 feet from the nearest adjoin property line unless the property is zoned for commercial or industrial use or is being used as such.

Will the pond(s) and timber wet storage area(s) meet the siting criteria: Yes No

If no, is adjoining property zoned for commercial or industrial use or being used as such? Yes No

If siting criteria cannot be met, please complete a Property Line Buffer Zone Waiver Form. This form can be found on MDEQ's website at MDEQ - Timber and Wood Products Branch webpage or can be obtained from MDEQ Environmental Permits Division by calling (601) 961-5623.

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

Latitude:31degrees34minutes38.8seconds

Longitude:91degrees21minutes44.4seconds

Receiving Stream(s) (If more than one outfall is covered, indicate the respective receiving stream for each outfall.):

St Catherine's Creek

Outfall 002

Latitude:31degrees34minutes18.71seconds

Longitude:91degrees21minutes43.20seconds

Receiving Stream(s) (If more than one outfall is covered, indicate the respective receiving stream for each outfall.):

St Catherine's Creek

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits? Yes No If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):

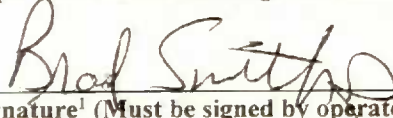
Baseline Storm water GP

How will sanitary sewage be collected and treated? Septic system

Will the facility route boiler blowdown, exterior equipment or exterior vehicle washwater, or any other type wastewater to the wet deck log spray recirculation pond(s)? Yes No If yes, please indicate in gallons per day the volume of each wastestream. (Please be aware that facilities which route exterior equipment or exterior vehicle washwater where detergents or other chemicals are being used are not eligible to obtain coverage under this general permit.):

CERTIFICATION

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 fine and imprisonment for knowing violations.


Signature¹ (Must be signed by operator when different than owner)

6/15/2018

Date Signed

Brad Smith
Printed Name¹

HSE Director
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: Environmental Permits Division, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225-2261