

AI: 4232



WET DECK LOG SPRAY RECOVERY FORM

CURRENT COVERAGE NO.: MSG17 0 0 4 3

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage)



Legal Company Name: Timber Producers Durant Sawmill LLC Facility Name: Timber Producers Durant Sawmill LLC

Contact Name and Position: Mike Murphy Supervisor

Contact Area Code and Phone Number: (870) 853-4566 Contact Email: mikeatbarnes@yahoo.com

Primary SIC Code: (2421) Primary NAICS Code (6-digit): (321113)

Physical Site Address - Street: 216 Landrum Street

City: Durant State: MS Zip: 39063 County: Holmes

Mailing Address - Street: 1012 South Main Street

City: Hamburg State: Ar Zip: 71646

Provide the coordinates of the Plant Entrance:

Latitude: 33 degrees 04 minutes 56 seconds Longitude: 89 degrees 50 minutes 51 seconds

Identify boiler blowdown, exterior equipment and vehicle wash waters, or engine washing waters and associated outfall. N/A

Identified the number of outfalls/release points under this coverage? 1

Provide the coordinates of Outfall 001:

Latitude: 33 degrees 05 minutes 27 seconds Longitude: 89 degrees 51 minutes 00 seconds

Nearest named waterbody which storm water will enter: Big Black River

Provide the coordinates of Outfall 002: ☒ N/A

Latitude: ____ degrees ____ minutes ____ seconds Longitude: ____ degrees ____ minutes ____ seconds

Nearest named waterbody which storm water will enter: _____

Provide the coordinates of Outfall 003: ☒ N/A

Latitude: ____ degrees ____ minutes ____ seconds Longitude: ____ degrees ____ minutes ____ seconds

Nearest named waterbody which storm water will enter: _____

Are there any discharges of storm water exposed to industrial activities or allowable non-storm water discharges which do not drain to and discharge from a WDLS recirculation pond? ☒ YES ☐ NO

If yes, a SWPPP is required to be submitted to address this industrial stormwater. The SWPPP is maintained on site and a copy is attached with this form. ☒ YES ☐ NO ☐ N/A

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 the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to emit regulated air emissions and discharge wastewater or storm water associated with industrial activity under this general permit. I understand that discharging pollutants associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

X Phillip E Barnes
Authorized Signature (shall be signed according to ACT 4, T-4 of the GP)

Phillip E. Barnes
Printed Name

04/22/2022
Date Signed

Managing Partner
Title

Submit signed form online at www.mdeq.ms.gov/wdlsqp or a hard copy to Water II Branch Manager, EPD, MDEQ, PO Box 2261, Jackson, MS 39225

ml-received 4.28.22



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

TIMBER PRODUCERS DURANT SAWMILL DIVISION, LLC

Registered the 10th day of September, 2020

A Arkansas LIMITED LIABILITY COMPANY has filed the necessary documents in this office and has obtained a certificate of registration to do business in this state, under the provisions of The Mississippi Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

I further certify that said Limited Liability Company has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designating its agent and/or attorney for service of process in this State as:

REGISTERED AGENTS, INC
270 TRACE COLONY PARK STE B
RIDGELAND, MS 39157

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 14th day of April, 2022

Certificate Number: CN22136636

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