

WET DECK LOG SPRAY RECOVERAGE FORM

CURRENT COVERAGE NO.: MSG170110



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

Legal Company Name: Winnwood Forest Products LLC Facility Name: Winnwood Forest Products LLC
Contact Name and Position: Matthew Netterville, Vice President of Operations
Contact Area Code and Phone Number: (601) 888 - 4343 Contact Email: matthew@nettervillelumber.com
Primary SIC Code: (2421) Primary NAICS Code (6-digit): (321113)
Physical Site Address - Street: 306 Lower Woodville Road
City: Natchez State: MS Zip: 39120 County: Adams
Mailing Address - Street: PO Box 2111
City: Woodville State: MS zip: 39669
Provide the coordinates of the Plant Entrance:
Latitude: 31 degrees 30 minutes 52.21 seconds Longitude: 91 degrees 24 minutes 44.16 seconds
Identify boiler blowdown, exterior equipment and vehicle wash waters, or engine washing waters and associated outfall.
Identified the number of outfalls/release points under this coverage? 1
Provide the coordinates of Outfall 001:
Latitude: 31 degrees 30 minutes 52.21 seconds Longitude: 91 degrees 24 minutes 44.16 seconds
Nearest named waterbody which storm water will enter: Saint Catherine Creek
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 Outfail 003: N/A
Latitude: 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 NO
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.
Authorized Standard Challes almost according to ACT 4 TA (44 CO)
MATTURE (Shall be signed according to ACT 4, T-4 of the GP) Date Signed ()
Children Child
Printed Name 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

O-received via email 5.13.32