



# WET DECK LOG SPRAY RECOVERY FORM



CURRENT COVERAGE NO.: MSG17 0 0 8 0

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

Legal Company Name: Mississippi Tie & Timber Facility Name: Ross Forest Products, Kola Facility

Contact Name and Position: Richard C. Ross

Contact Area Code and Phone Number: ( 601 ) 606 - 9401 Contact Email: ricky@mississippitieandtimber.com

Primary SIC Code: ( 2411 ) Primary NAICS Code (6-digit): ( 241100 )

Physical Site Address - Street: 78 Kola Road

City: Collins State: MS Zip: 39428 County: \_\_\_\_\_

Mailing Address - Street: 624 River Oaks

City: Gautier State: MS Zip: 39553

Provide the coordinates of the Plant Entrance:

Latitude: 31 degrees 37 minutes 32 seconds Longitude: 89 degrees 31 minutes 30 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: 31 degrees 37 minutes 24 seconds Longitude: 89 degrees 31 minutes 32 seconds

Nearest named waterbody which storm water will enter: Okatoma 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 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.

Sharon Morgan Ross  
Authorized Signature (shall be signed according to ACT 4, T-4 of the GP)

6-28-22  
Date Signed

Sharon Morgan Ross  
Printed Name

owner  
Title