

A1:1149



WET DECK LOG SPRAY NOTICE OF INTENT (NOI)

COVERAGE NO.: MSG17 0111

(Coverage number is assigned by MDEQ)



Legal Company Name: LANDMAX SERVICES, LLC Facility Name: POPLARVILLE

Contact Name and Position: CHAD SMITH

Contact Area Code and Phone Number: (601) 835-5050 Contact Email: chad@landmaxproperties.com

Primary SIC Code: (2411) Primary NAICS Code (6-digit): (113310)

Physical Site Address - Street: 140 PROGRESS ROAD

City: POPLARVILLE State: MS Zip: 39470 County: PEARL RIVER

Mailing Address - Street: 1271 ANTIQUE LANE NE

City: BROOKHAVEN State: MS Zip: 39601

Provide the coordinates of the Plant Entrance:
 Latitude: 30 degrees 48 minutes 47.24 seconds Longitude: 89 degrees 30 minutes 20.4 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: 30 degrees 48 minutes 42.72 seconds Longitude: 89 degrees 30 minutes 20.53 seconds
 Nearest named waterbody which storm water will enter: UNNAMED TRIBUTARY TO JUNIPER 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.

Chad Smith
 Authorized Signature (shall be signed according to ACT 4, T-4 of the GP)

CHAD SMITH
 Printed Name

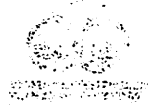
4-17-22
 Date Signed

OWNER
 Title

Handwritten mark

UNITED STATES DEPARTMENT OF JUSTICE

CRIMINAL DIVISION



Washington, D.C. 20535

TO: SAC, NEW YORK (100-100000)

FROM: SAC, PHOENIX (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

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