

AI: 48399



WET DECK LOG SPRAY RECOVERY FORM



CURRENT COVERAGE NO.: MSG17 0 1 0 2

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

Legal Company Name: Magnolia Timber Company, Inc. Facility Name: Shubuta Woodyard

Contact Name and Position: Conner Elder, Vice President

Contact Area Code and Phone Number: (251) 605 - 6171 Contact Email: celder@fiber-transport.com

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

Physical Site Address - Street: 165 Hall St.

City: Shubuta State: MS Zip: 39360 County: Clarke

Mailing Address - Street: 165 Hall St.

City: Shubuta State: MS Zip: 39360

Provide the coordinates of the Plant Entrance:
 Latitude: 31 degrees 52 minutes 17 seconds Longitude: -88 degrees 42 minutes 13 seconds

Identify boiler blowdown, exterior equipment and vehicle wash waters, or engine washing waters and associated outfall. None

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

Provide the coordinates of Outfall 001:
 Latitude: 31 degrees 52 minutes 17.7 seconds Longitude: -88 degrees 42 minutes 6 seconds
 Nearest named waterbody which storm water will enter: Unnamed tributary to Shubuta 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.

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

Conner Elder
 Printed Name

Digitally signed by Conner Elder
Date: 2022.06.28 08:48:22 -05'00'

06/27/2022
 Date Signed

Vice-President
 Title

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

m2 - received via email @ .30.22

WEST VIRGINIA STATE BOARD OF HEALTH

CURRENT COVERAGE INFORMATION

1. Name of insured person: _____

2. Date of birth: _____

3. Sex: _____

4. Address: _____

5. City: _____

6. State: _____

7. Zip: _____

8. Telephone: _____

9. Employer: _____

10. Occupation: _____

11. Date of last physical: _____

12. Date of last dental: _____

13. Date of last vision: _____

14. Date of last hearing: _____

15. Date of last skin: _____

16. Date of last cancer: _____

17. Date of last heart: _____

18. Date of last lung: _____

19. Date of last stomach: _____

20. Date of last kidney: _____

21. Date of last liver: _____

22. Date of last spleen: _____

23. Date of last pancreas: _____

24. Date of last gallbladder: _____

25. Date of last bladder: _____

26. Date of last prostate: _____

27. Date of last uterus: _____

28. Date of last ovaries: _____

29. Date of last testis: _____

30. Date of last vas deferens: _____

31. Date of last penis: _____

32. Date of last vagina: _____

33. Date of last cervix: _____

34. Date of last rectum: _____

35. Date of last sigmoid: _____

36. Date of last anus: _____

37. Date of last colon: _____

38. Date of last small intestine: _____

39. Date of last stomach: _____

40. Date of last liver: _____

41. Date of last spleen: _____

42. Date of last pancreas: _____

43. Date of last gallbladder: _____

101 RECEIVED MD 03/12/2022



WET DECK LOG SPRAY GENERAL PERMIT (WDLSGP) RECOVERAGE FORM

INSTRUCTIONS

All questions must be answered for this Recoverage Form to be considered complete. If an item does not apply, enter "N/A" for not applicable to show that you considered the question.

The applicant must be the owner and/or operator of the property (i.e., the legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant).

Registration with Mississippi Secretary of State: If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of registration with the Mississippi Secretary of State and/or the Certificate of Good Standing (official or unofficial copy). This registration or Certificate of Good Standing must be dated within 12 months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Submittal Requirements: For recoverage under this general permit, this form must be completed and returned to MDEQ **within 60 days** of the date of the Letter of Instruction for Recoverage. For other NOI submittal deadlines see Condition S-3 of ACT 2, of the WDLSGP. All forms must be submitted online at www.mdeq.ms.gov/wdlsgp or via hard copy to:

Water II Branch Manager, Environmental Permits Division
Mississippi Department of Environmental Quality
PO Box 2261
Jackson, MS 39225-2261

Storm Water from Industrial Activities and the Storm Water Pollution Prevention Plan (SWPPP): Discharges of storm water exposed to industrial activities and allowable non-storm water discharges identified in ACT 1, T-2(6), that do not drain to and discharge from the WDLS recirculation pond that were previously covered under the Industrial Stormwater General Permit (ISGP) are now covered under this GP. A SWPPP for these industrial storm water discharges must be submitted with the Recoverage Form. If an electronic copy is submitted, a hard copy should also be mailed to the address above for MDEQ's files.

Storm Water from Construction Activities: Construction activities including clearing, excavating, and other land disturbing activities equal to or greater than one (1) acre but less than five (5) acres require compliance with the Small Construction General Permit and completion of a Small Construction Notice of Intent (SCNOI). Construction activities equal to or greater than five (5) acres require compliance with the Large Construction General Permit and submittal of a Large Construction Notice of Intent (LCNOI). These General Permits, NOIs, and other required forms can be found at the following link: www.mdeq.ms.gov/generalpermits/.

Notice of Termination: If the facility is out of business or no longer active, please request termination of coverage by completing the Notice of Termination (NOT) Form found at www.mdeq.ms.gov/wdlsgp. Facilities that continue to discharge wastewater and/or stormwater without applicable permit coverage are in violation of state law. This Recoverage Form is not required to be submitted if the facility is submitting a request for termination of coverage.



WATER POLLUTION CONTROL ACT RECOVERY OF COSTS

REGULATIONS

All applications must be received by the Administrator on or before the date specified in the notice of availability of funds.

The applicant must be the owner, lessee, or operator of the facility at the time the application is submitted.

The applicant must submit a copy of the application to the Administrator and a copy to the State Water Pollution Control Agency. The application must include a copy of the permit or other document which authorizes the facility to operate.

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John M. ...
Director, ...
U.S. Environmental Protection Agency
Washington, D.C. 20460

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