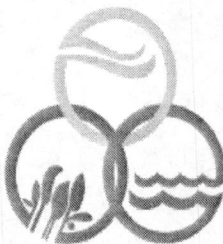


AI #9838



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

RECEIVED  
AUG 25 2017  
Dept. of Environmental Quality

# WET DECK LOG SPRAY WITH RECIRCULATION GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
WET DECK LOG SPRAY WITH RECIRCULATION GENERAL PERMIT MSG17  
GENERAL NPDES COVERAGE NO. MSG17 0093

## INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Wet Deck Log Spray with Recirculation General Permit. This form must be completed and returned to the address printed at the bottom of page 3 within 45 days of the date of the Letter of Instruction for Re-Coverage. For expanding facilities, please also complete Recoverage Form Addendum.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

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

If the facility is out of business or no longer a regulated facility, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Wet Deck Log Spray with Recirculation General Permit. Facilities that continue to discharge wastewater without applicable permit coverage are in violation of state law.

Do not submit this form if submitting a "Request for Termination" (RFT).

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: ☐ owner/operator ☒ facility (please check one)

Are there any ongoing or proposed construction activities which involve the Wet Deck Log Spray Recirculation System (Please specify): NONE

### COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Doug Boykin - General Manager  
COMPANY NAME: Rex Lumber Brookhaven  
STREET OR P.O. BOX: 810 W Behan Road  
CITY: Brookhaven STATE: MS ZIP: 39601  
PHONE NUMBER (INCLUDE AREA CODE): 601 833 1990 Ext. 313

### FACILITY INFORMATION

FACILITY NAME: Rex Lumber Brookhaven  
CONTACT NAME & POSITION: Doug Boykin - General Manager  
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601 833 1990 Ext. 313  
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2421 - Sawmills and Planing Mills - Non-Treating  
PHYSICAL SITE ADDRESS: STREET: 921 Sawmill Lane NE  
CITY: Brookhaven COUNTY: Lincoln ZIP: 39601  
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
LATITUDE: 31 degrees 35 minutes 32.71 seconds N LONGITUDE: 90 degrees 25 minutes 33.87 seconds W

## WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 1

GEOGRAPHIC POSITION FOR OUTFALL(S) FROM WET DECK LOG SPRAY RECIRCULATION POND(S) (IF THE APPLICANT HAS MORE THAN ONE OUTFALL/ RELEASE POINT ELIGIBLE FOR COVERAGE, PLEASE USE THE SPACE TO THE RIGHT.):

LATITUDE: 31 degrees 35 minutes 28 seconds N

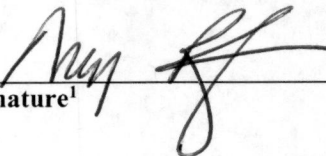
LONGITUDE: 90 degrees 25 minutes 43 seconds W

RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.):

Unnamed Tributary of East Bogue Chitto River

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 I understand when coverage is terminated the facility is no longer authorized to discharge storm water associated with industrial activity under this general permit. I understand that discharging pollutants in storm water associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

  
Signature<sup>1</sup>

8-23-17  
Date

Dong Boykin  
Printed Name<sup>1</sup>

General Manager  
Title

<sup>1</sup>This form shall be signed by the current coverage recipient according to ACT6, T-30 of the General Permit.

After signing please mail to:

Chief, Environmental Permits Division,  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225





DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

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

### **REX LUMBER, BROOKHAVEN, LLC.**

Registered the 4th day of January, 2010

A Florida 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:

CORPORATION SERVICE COMPANY  
5760 I-55 North, Suite 150  
Jackson, MS 39211

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 23rd day of August, 2017

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN17041255

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