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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 0 5 7

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: www.operator	facility (please check one)
Are their any ongoing or pro System (Please specify):	posed construction activities which involve	the Wet Deck Log Spray Recirculation

COVERAGE RECIPIENT INFORMATION
CONTACT NAME & POSITION: Josh Angle - Forestor Environmental Burdily Officer
COMPANY NAME: Fly Timber Co. Inc.
STREET OR P.O. BOX: 2178 Hay 7 N
CITY: Grenada STATE: MS ZIP: 38901
PHONE NUMBER (INCLUDE AREA CODE): 66Z-417-5935
FACILITY INFORMATION
FACILITY NAME: Fly Tie thumber
CONTACT NAME & POSITION: Josh Angle - Foreste / EQO
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-4/7-5935
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY: 2421
PHYSICAL SITE ADDRESS: STREET: 1677 Huy 7M
PHYSICAL SITE ADDRESS: STREET: 1677 1tmy 7N CITY: Grenada COUNTY: Grenada ZIP: 38901
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 33 degrees 52 minutes 27 seconds LONGITUDE: 89 degrees 49 minutes 27 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE?/
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: 33 degrees 52 minutes 10 seconds
LONGITUDE: 42 minutes 32 seconds
RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.):
River Dale Creek

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

¹This 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

F0008

Fee: \$ 25

2017127042





TELEPHONE: (601) 359-1633

P.O. BOX 136 JACKSON, MS 39205-0136

2017 Corporate Annual Report

Business Information

Business ID: 516693

Business Name: FLY TIMBER CO., INC.

State of Incorporation: MS

Business Email: flytimber@gmail.com

Phone: (***)***-***

FEIN: **_*****

Principal Address:

2178 HWY 7 N

GRENADA, MS 38901

Registered Agent

Name:

RICKY FLY

Address:

2178 HWY 7N

GRENADA, MS 38901

Officers

Title/Name:	Address:	Director:
President: Ricky Fly	2178 Hwy 7 N Grenada, MS 38901	Ø
Vice President:		
Secretary: Dorothy S Fly	2178 Hwy 7 N Grenada, MS 38901	Z
Treasurer: Dorothy S Fly	2178 Hwy 7 N Grenada, MS 38901	Z
	• • • • • • • • • • • • • • • • • • • •	

Stocks

Class:	Authorized:	Series:	Issued:
Common	0		0
Common	4000		4000
Common	0		0

NAICS Code/Nature of Business

113310 - Logging

115310 - Support Activities for Forestry

425120 - Wholesale Trade Agents and Brokers

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day 04/05/2017.

Name:

Address:

Dorothy S Fly

2178 Hwy 7 North Grenada, MS 38901

Secretary

Officers List

Name:

Ricky Fly

Director, President

Dorothy S Fly

Director, Secretary, Treasurer

Address:

2178 Hwy 7 N

Grenada, MS 38901

2178 Hwy 7 N

Grenada, MS 38901