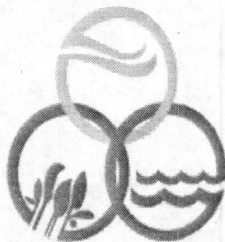


AI #1398



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

RECEIVED  
SEP - 1 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 0052

## 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): NO

### COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Shawn Craft, Secretary/Treasurer of  
COMPANY NAME: Charlie Craft Trucking, Inc.  
STREET OR P.O. BOX: 301 SCR 68  
CITY: Mize STATE: MS ZIP: 39116  
PHONE NUMBER (INCLUDE AREA CODE): 601-733-5568

### FACILITY INFORMATION

FACILITY NAME: Charlie Craft Trucking, Inc.  
CONTACT NAME & POSITION: Shawn Craft, Secretary/Treasurer  
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-733-5568  
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
113310 logging  
PHYSICAL SITE ADDRESS: STREET: 301 SCR 68  
CITY: Mize COUNTY: Smith ZIP: 39116  
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
LATITUDE: 31 degrees 51 minutes 39 seconds LONGITUDE: 89 degrees 31 minutes 39 seconds

## WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 2

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.):

outFall 001  
LATITUDE: 31 degrees 51 minutes 40 seconds

outFall 002  
Latitude 31 degrees 51 min. 41 sec.

LONGITUDE: 89 degrees 31 minutes 38 seconds

Longitude 89 degrees 31 min. 54 sec.

RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.): outFall 001: unnamed ditch to unpaved Road Ditch to an undefined drainage area to Oakohay Creek to Leaf River

outFall 002: undefined drainage area to Oakohay Creek to Leaf 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.

Shawn Craft  
Signature<sup>1</sup>

8-31-17  
Date

Shawn Craft  
Printed Name<sup>1</sup>

Secretary/Treasurer  
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



**F0008**

**2017034129**

**Fee: \$ 25**



**DELBERT HOSEMANN**  
*Secretary of State*

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

Business ID: 591251  
Filed: 01/30/2017 03:48 PM  
C. Delbert Hosemann, Jr.  
Secretary of State

**TELEPHONE: (601) 359-1633**

## 2017 Corporate Annual Report

### **Business Information**

**Business ID:** 591251

**Business Name:** CHARLIE CRAFT TRUCKING,  
INC.

**State of Incorporation:** MS

**Business Email:** shawn\_craft@bellsouth.net

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

**FEIN:** \*\*-\*\*\*\*\*

**Principal Address:** 301 SCR 68  
Mize, MS 39116

### **Registered Agent**

**Name:** CHARLES A CRAFT

**Address:** 574 SCR 79  
MIZE, MS 39116

### **Officers**

**Title/Name:**

**President:** Charles A Craft

**Vice President:** Elouise Hancock

**Secretary:** Kimberly S. Craft

**Treasurer:**

**Address:**

574 Scr 79  
Mize, MS 39116

13246 Hwy 35  
Mize, MS 39116

574 Scr 79  
Mize, MS 39116

**Director:**





**DELBERT HOSEMANN**  
*Secretary of State*

This is not an official certificate of good standing.

Name History

<b>Name</b>	<b>Name Type</b>
CHARLIE CRAFT TRUCKING, INC.	Legal

Business Information

<b>Business Type:</b>	Profit Corporation
<b>Business ID:</b>	591251
<b>Status:</b>	Good Standing
<b>Effective Date:</b>	09/24/1992
<b>State of Incorporation:</b>	Mississippi
<b>Principal Office Address:</b>	301 SCR 68 Mize, MS 39116

Registered Agent

<b>Name</b>
CHARLES A CRAFT 574 SCR 79 MIZE, MS 39116

Officers & Directors

<b>Name</b>	<b>Title</b>
Edwin P Tullos Tullos St, PO Box505 Raleigh, MS 39153	Incorporator
John Raymond Tullos Hwy 18 E, PO Box74 Raleigh, MS 39153	Incorporator
Charles A Craft 574 Scr 79	Director, President

Mize, MS 39116

Elouise Hancock  
13246 Hwy 35  
Mize, MS 39116

Director, Vice President

Kimberly S. Craft  
574 Scr 79  
Mize, MS 39116

Director, Secretary