



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

SEP 20 2017

WDEQ

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 0 2 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: ☒ 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): N/A

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: BRIAN NORRIS GROUP MANAGER
COMPANY NAME: GEORGIA-PACIFIC WFS LLC
STREET OR P.O. BOX: 630 LAKE LAND EAST DRIVE SUITE A
CITY: FLOWOOD STATE: MS ZIP: 39232
PHONE NUMBER (INCLUDE AREA CODE): 601-933-0203

FACILITY INFORMATION

FACILITY NAME: GEORGIA-PACIFIC WFS LLC LEAF RIVER WET DECK
CONTACT NAME & POSITION: ROY HOLDER AREA MANAGER
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-543-5234 601-964-7136
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2411 LOGGING (PILING WOOD; UNTREATED)
PHYSICAL SITE ADDRESS: STREET: 134 BUCK CREEK ROAD
CITY: NEW AUGUSTA COUNTY: PERRY ZIP: 39462
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 31 degrees 14 minutes 2 seconds LONGITUDE: 89 degrees 2 minutes 30 seconds

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 13 minutes 57 seconds

LONGITUDE: 89 degrees 2 minutes 24 seconds

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

GUM BRANCH

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.

Karl W. Cooper
Signature¹

9/14/2017
Date

Karl W. Cooper
Printed Name¹

Region Mgr. Operations
Title

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



Georgia-Pacific
Wood and Fiber Supply

Georgia-Pacific WFS LLC
133 Peachtree Street, N.E. (30303)
P.O. Box 105605
Atlanta, Georgia 30348-5605
(404) 652-4000
www.gp.com

DELEGATION OF SIGNATORY AUTHORIZATION
FOR ENVIRONMENTAL DOCUMENTS

Pursuant to, *inter alia*, the applicable requirements of 40 CFR 122.22 and other applicable federal, state and local requirements for signatory authority, I do hereby:

- (a) Delegate to the individuals in the below-listed positions in Georgia-Pacific WFS LLC, a Delaware limited liability company (the "Company"), the authority to sign and submit on behalf of the Company all environmental permit applications, environmental reports (e.g., Tier I/II reports, TRI reports), and all other routine documents and information the submission of which is required by environmental permits or regulations or is required or requested by any federal, state or local environmental regulatory agency having jurisdiction:

Vice President – Wood and Fiber Supply Operations
Region Manager – Operations
Region Manager – Fiber
Region Manager – Mid-Atlantic
Region Manager – Piedmont
Region Manager – Southeast
Region Manager – Mid-South/Southwest
Region Manager – South Mississippi/Louisiana
Region Manager – Arkansas
Region Manager – East Texas/West Louisiana
Region Manager – Northwest

- (b) Delegate to the individuals in the below-listed positions in the Company the authority to sign and submit on behalf of the Company only environmental reports or submittals required by any environmental permit (e.g., emission inventories, DMRs) and such other routine information related thereto as is required or requested by the applicable federal, state or local environmental regulatory agency; and only any environmental permit applications the authorization for which is not subject to the limitations on duly authorized representatives set forth in 40 CFR 122.22:

Region Manager – Sustainable Forestry and Environmental

Each individual in the above-listed positions is expected to consult with the assigned subject matter expert and/or corporate field environmental engineer, and follow the Company's Government Interaction Compliance Standard, in exercising this authorization.



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 as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

GEORGIA-PACIFIC WFS LLC

Registered the 3rd day of September, 2014

A Delaware 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:

C. T. CORPORATION SYSTEM
645 LAKELAND DRIVE EAST DR., STE 101
FLOWOOD, MS 39232

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 2nd day of June, 2017

A handwritten signature in cursive script, reading "C. Delbert Hosemann, Jr.", is written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17037916

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