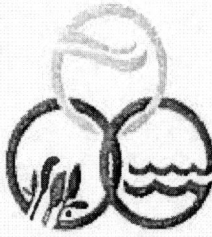


AI #1911



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

OCT -2 2017

MDEQ

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 8 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): No

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: John O'Dea - President
COMPANY NAME: Graham Lumber Company, LLC
STREET OR P.O. BOX: 567 North Charlotte Ave.
CITY: Waynesboro STATE: VA ZIP: 22980-2856
PHONE NUMBER (INCLUDE AREA CODE): 540-946-9150

FACILITY INFORMATION

FACILITY NAME: Graham Lumber Co., LLC
CONTACT NAME & POSITION: Keith Snider - General Manager
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-585-3151/731-431-3658
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2421 - Sawmill/Lumber Manufacturer
PHYSICAL SITE ADDRESS: STREET: 21500 Highway 45N
CITY: Fulton COUNTY: Itawamba ZIP: 38843
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 34 degrees 19 minutes 3 seconds LONGITUDE: 88 degrees 19 minutes 29 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 46 minutes 14 seconds

LONGITUDE: 88 degrees 18 minutes 43 seconds

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

Little Briar 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.

Signature¹

Date

John O'Dea

President

Printed Name¹

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

F0108

2017110878

Fee: \$ 250



DELBERT HOSEMANN
Secretary of State

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

Business ID: 956452
Filed: 03/28/2017 08:44 AM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

2017 LLC Annual Report

Business Information

Business ID: 956452

Business Name: Graham Lumber Company, LLC

State of Incorporation: DE

Business Email: abelsky@ahiwood.com

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

FEIN: **-*****

Principal Address: 567 NORTH CHARLOTTE AVE.
WAYNESBORO, VA 229802856

Registered Agent

Name: C T CORPORATION SYSTEM

Address: 645 LAKELAND EAST DRIVE, Suite 101
FLOWOOD, MS 39232

Managers and Members

Managers

Name:

American Hardwood Industries, LLC
Manager

Address:

567 N CHARLOTTE AVENUE
WAYNESBORO, VA 22980

Members

Name:

John O'Dea
Member

Address:

567 N CHARLOTTE AVENUE
WAYNESBORO, VA 22980

Officers***Title/Name:******Address:******Director:*****President:** John O'Dea567 N CHARLOTTE
AVENUE
WAYNESBORO, VA 22980☐**Vice President:** Donald A Eichler4002 LEGION DRIVE
HAMBURG, NY 14075☐**Secretary:** Donald A Eichler4002 LEGION DRIVE
HAMBURG, NY 14075☐**Treasurer:** Donald A Eichler4002 LEGION DRIVE
HAMBURG, NY 14075☐☐ This LLC has a written Operating Agreement.**NAICS Code/Nature of Business**

321113 - Sawmills

321113 - Sawmills

321113 - Sawmills

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 **03/28/2017**.

Name:***Address:***

Anne-Marie Belsky

567 N Charlotte Ave

Other

Waynesboro, VA 22980

Officers List

Name:

Sam Costa
Organizer

American Hardwood Industries, LLC
Manager

John O'Dea
Member

John O'Dea
Other

John O'Dea
President

Donald A Eichler
Vice President

Donald A Eichler
Secretary

Donald A Eichler
Treasurer

Address:

4002 LEGION DRIVE
HAMBURG, NY 14075

567 N CHARLOTTE AVENUE
WAYNESBORO, VA 22980

567 N CHARLOTTE AVENUE
WAYNESBORO, VA 22980

567 North Charlotte Ave.
Waynesboro, VA 22980-2856

567 N CHARLOTTE AVENUE
WAYNESBORO, VA 22980

4002 LEGION DRIVE
HAMBURG, NY 14075

4002 LEGION DRIVE
HAMBURG, NY 14075

4002 LEGION DRIVE
HAMBURG, NY 14075



Graham Lumber Company, LLC

P.O. Box 679
Linden, TN 37096
Phone: 931-5892143
Fax: 931-589-5914

860 Hwy 412
Selmer, TN 38375
Phone: 731-646-9169
Fax: 731-645-9924

21500 Hwy 25 North
Fulton, MS 38843
Phone: 662-585-3151
Fax: 662-585-3151

September 27, 2017

Graham Lumber Company
P.O. Box 679
Linden, TN 37096

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

RECEIVED
OCT 2 2017
Dept. of Environmental Quality

RE: General NPDES Coverage No.MSG 170087 for the Wet Deck Log Spray Recirculation

Dear Sir/Madam:

Enclosed is the completed re-coverage form for MSG 170087 for the Graham Lumber Company facility located in Fulton, MS. Also, enclosed is proof of registration with the Mississippi Secretary of State as required.

If there are any questions regarding the enclosed documents, please contact Keith Snider (731-431-3658) or Teresa Brewer (931-589-2143, ext. 5224).

Sincerely,

Teresa Brewer
Environmental Coordinator