



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ)

FORMS PACKAGE

For Industrial Facilities Covered Under The
Wet Deck Log Spray with Recirculation General Permit
NPDES Permit MSG170100 _ _ _ _

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These standard forms are used to apply for permit coverage under the Wet Deck Log Spray with Recirculation General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on our website at www.deq.state.ms.us. Required information can be completed on screen, printed and signed.



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

WET DECK LOG SPRAY WITH RECIRCULATION NOTICE OF INTENT

FOR COVERAGE UNDER WET DECK LOG SPRAY WITH RE-CIRCULATION
GENERAL NPDES PERMIT MSG17 _____
(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED INDUSTRIAL ACTIVITY

INSTRUCTIONS

Submittals with this Notice of Intent (NOI) must include an United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least ½ mile beyond the site’s property boundary and a drawing showing the dimensions of the wet deck recirculation pond(s) and the timber wet storage area(s). Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

For new or expanding facilities, detailed plans and specifications must be submitted for the wet deck log spray recirculation pond(s) by a registered Professional Engineer. Also, contiguous landowner notification forms, the proof of publication in a local newspaper, and the acceptance letter from a local library must also be provided as outlined in Activity 4, Conditions S-2 and S-3 of the general permit.

As part of this NOI, if applicable, all previously approved boiler chemical additive approval notifications must be submitted. At a minimum, the exact name of the chemical, the date of the facility’s notification submittal, and MDEQ’s approval letter must be provided.

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.

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer “NA” if not applicable)

THE APPLICANT IS X OWNER OR X OPERATOR? (CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name & Position: Matthew Netterville, Vice President of Operations

Owner Company Name: _Fred Netterville Lumber Company

Owner Street or (P.O. Box): P.O. Box 857

Owner City: Woodville

State: _MS

Zip: _39669

Owner Phone Number (Include Area Code): _601-888-4343_____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name & Position: Matthew Netterville, Vice President of Operations

Operator Company: Fred Netterville Lumber Company

Operator Street (P.O. Box): P.O. Box 857

Operator City: Woodville **State:** MS **Zip:** 39669

Operator Phone Number (Include Area Code): 601-888-4343

FACILITY INFORMATION

Facility Name: Fred Netterville Lumber Company, Woodville Mill

Nature of Business (Include 4 – digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 2421, 2411 – Sawmill/Planing Mill Activity

Physical Site Address (if not available indicate the nearest named road):

Street: 3975 Buffalo Road **City:** Woodville

County: Wilkinson **Zip:** 39669

Geographic Position:

Latitude: 31 degrees 13 minutes 33.7 seconds

Longitude: -91 degrees 14 minutes 25.5 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

How many outfalls/release points are eligible for coverage? 1 (OF001)

Siting Criteria (For New Construction Only): n/a

MDEQ considers wet deck log spray recirculation systems to be wastewater treatment systems. According to the "State of Mississippi Wastewater Regulations", wastewater treatment systems must be 150 feet from the nearest adjoin property line unless the property is zoned for commercial or industrial use or is being used as such.

Will the pond(s) and timber wet storage area(s) meet the siting criteria: Yes No

If no, is adjoining property zoned for commercial or industrial use or being used as such? Yes No n/a

If siting criteria cannot be met, please complete a Property Line Buffer Zone Waiver Form. This form can be found on MDEQ's website at MDEQ – Timber and Wood Products Branch webpage or can be obtained from MDEQ Environmental Permits Division by calling (601) 961-5623.

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 30.9 seconds

Longitude: -91 degrees 14 minutes 29.8 seconds

Receiving Stream(s) (If more than one outfall is covered, indicate the respective receiving stream for each outfall.):

 Unnamed tributary of Buffalo River

**DOCUMENTATION OF COMPLIANCE WITH OTHER
REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits? Yes No If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, **Individual NPDES**, or Other(s):

Individual NPDES_____

How will sanitary sewage be collected and treated? n/a_____

Will the facility route boiler blowdown, exterior equipment or exterior vehicle washwater, or any other type wastewater to the wet deck log spray recirculation pond(s)? Yes No If yes, please indicate in gallons per day the volume of each wastestream. (Please be aware that facilities which route exterior equipment or exterior vehicle washwater where detergents or other chemicals are being used are not eligible to obtain coverage under this general permit.):

n/a_____

CERTIFICATION

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 fine and imprisonment for knowing violations.

Signature¹ (Must be signed by operator when different than owner)

Date Signed

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: Environmental Permits Division, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225-2261

Request for Termination (RFT) of Coverage

Use this form to request coverage termination 90 days prior to closing and abandoning the premises as defined in the "State of Mississippi Wastewater Regulations".

General NPDES Permit No. MSG170100 __ __ County Wilkinson _____

(Fill in your Certificate of Coverage Number and County)

(Please Print or Type)

Facilities planning to cease its regulated industrial activity and/or abandon the premises upon which it operates shall request termination of its Wet Deck Log Spray with Recirculation NPDES General Permit Coverage by completing this form and attaching a closure plan which addresses how and when all industrial machinery, material handling equipment, manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises so that no potential environmental hazard to the waters of the State will be presented.

Facility Name: Fred Netterville Lumber Company _____

Physical Site Location:

Street: 3975 Buffalo Road _____

City: Woodville _____ County: Wilkinson _____

Closure Date: 08/01/2020 _____

Owner Company Name: Fred Netterville Lumber Company _____

Owner Company Contact Name & Position Matthew Netterville, Vice President of Operations _____

Mailing Address:

Street/P.O. Box: P.O. Box 875 _____

City: Woodville _____ State: MS _____ Zip: 39669 _____

Tel. # (601) 888-4343 _____

Operator Company Name (if different than owner): Fred Netterville Lumber Company _____

Operator Contact Name & Position: Matthew Netterville, Vice President of Operations _____

Mailing Address:

Street/P.O. Box: P.O. Box 875 _____

City: Woodville _____ State: MS _____ Zip: 39669 _____

Tel. # (601) 888-4343 _____

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.

Authorized Name (Print) Telephone Signature Date Signed

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

After signing please mail to: Environmental Permits Division, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225-2261

Environmental Permits for Industrial Facilities Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p style="margin-left: 40px;">Street: _____</p> <p style="margin-left: 40px;">City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: ()_ _____</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address: Street/P.O. Box: _____</p> <p style="margin-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone () _____</p>								
<p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address: Street/P.O. Box: _____</p> <p style="margin-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: () _____</p>	<p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address: Street/P.O. Box: _____</p> <p style="margin-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: () _____</p>								
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes ___ No ___</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>								
<p>Item VII.</p> <p>Will Facility Name Change? Yes No</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change _____</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p style="text-align: right;">Title: _____ Date: _____</p>								
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Print New Permittee¹ Name </td> <td style="width: 50%; border: none;"> _____ Print Previous Permittee¹ Name </td> </tr> <tr> <td style="border: none;"> _____ New Authorized Signature² </td> <td style="border: none;"> _____ Previous Authorized Signature² </td> </tr> <tr> <td style="border: none;"> _____ Title </td> <td style="border: none;"> _____ Title </td> </tr> <tr> <td style="border: none;"> _____ Date </td> <td style="border: none;"> _____ Date </td> </tr> </table> <p>¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit. ²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 2 and Pt. 6.</p>		_____ Print New Permittee ¹ Name	_____ Print Previous Permittee ¹ Name	_____ New Authorized Signature ²	_____ Previous Authorized Signature ²	_____ Title	_____ Title	_____ Date	_____ Date
_____ Print New Permittee ¹ Name	_____ Print Previous Permittee ¹ Name								
_____ New Authorized Signature ²	_____ Previous Authorized Signature ²								
_____ Title	_____ Title								
_____ Date	_____ Date								

Mississippi Department of Environmental Quality/Office of Pollution Control

P.O. Box 2261
 Jackson, Mississippi 39225-2261
 (601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>
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Contiguous Landowner Notification of a Wet Deck Log Spray with Recirculation Facility

(See page 5, Condition S-2)

I, _____, (Please Print Authorized Name of Company) am proposing to construct and operate a Wet Deck Log Spray with Recirculation system at _____ (Complete Address with County, not a P.O. Box). The construction and subsequent operation will involve the periodic discharge of wet deck recirculation water, other de minimus wastewaters and storm water. The construction of the facility may involve the clearing, grading, and excavation of land. This notification is to provide you with an opportunity to comment to the Mississippi Department of Environmental Quality Permit Board regarding the requested granting of coverage under the General Permit MSG17 for Wet Deck Log Spray with Recirculation. This notice has been sent to you by Certified Mail - Return Receipt Requested. If you have no comments regarding this proposed facility, no response is necessary and the permitting process will continue toward making a decision on granting coverage. If you have any comments, they must be received by the Mississippi Department of Environmental Quality within 14 days of receipt of this correspondence. **The Department of Environmental Quality is limited in its review of this project to those environmental issues in which statutory authority has been given.** Comments are to be mailed to the following address:

**Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
P. O. Box 2261
Jackson, Mississippi 39225-2261**

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, MS 39289-0385
Telephone No. (601) 961-5171

(Date Notice Begins in Area Paper)

(Name): _____ at (Facility Address: Street, City, Zip _____) has applied to the Mississippi Department of Environmental Quality for coverage and/or modification under General Permit MSG17 _____ to operate a Wet Deck Log Spray with Recirculation facility. Such operation will involve the discharge of storm water and process wastewater.

Provided the above referenced facility meets the eligibility requirements of General Permit MSG17 _____ and complies with the constraints and limitations contained therein, the staff of the Department believes the project will operate within all State and Federal air and water pollution control laws and standards and will protect health and welfare. Therefore, the staff of the Board has preliminarily decided, based on available information, to recommend to the Board that coverage be issued containing numerous regulatory constraints specifically stated in General Permit MSG17 _____. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Chief, Environmental Permits Division at the above Permit Board address no later than fourteen (14) days from the date of publication of this notice. All comments received by that date will be considered in the formulation of final determinations regarding the application. A public hearing will be held if the Permit Board finds a significant degree of public interest in the proposed permit. The Permit Board is limited in the scope of its analysis to environmental impact. Any comments relative to zoning or economic and social impacts are within the jurisdiction of local zoning and planning authorities and should be addressed to them.

Additional details about the application, including a copy of the permit, are available by writing or calling the Chief, Environmental Permits Division at the above Permit Board address and telephone number. This information is also available for review at the following location(s) during normal business hours.

Mississippi Department of Environmental Quality
Office of Pollution Control
515 E. Amite Street
Jackson, Mississippi 39201

Local Library

Please bring the foregoing to the attention of persons whom you know will be interested.

Library Form

DATE

Dear _____:

Re: Name of Facility
Permit Number
City, County, Mississippi

Enclosed is a copy of the public notice for comment on the request by _____ for coverage under the State of Mississippi's Wet Deck Log Spray with Re-circulation General Permit at the facility in _____, Mississippi. Please post this notice in the library.

Also, enclosed is a copy of information pertinent to _____ request. This information should be kept on hand for review by the public until **fourteen (14) days following the publication date of the attached public notice**, after which it may be discarded. The public may photocopy all or any portion of this information, but it should not leave the library.

Finally, enclosed please find a duplication of this letter with a place for your signature and the date acknowledging your receipt of the package and your agreement to carry out our request. A self-addressed stamped envelope is enclosed for your convenience.

We are attempting to keep the public informed of and involved in the Office's actions regarding permitting of new and expanding industry. Since access to the public library is so convenient for so many we hope to use these facilities as often as possible. Your cooperation in this matter is greatly appreciated.

If you have any questions, please contact me at _____ or contact the Timber Branch of the Mississippi Department of Environmental Quality at (601) 961-5171.

Very truly yours,

Attachment

Acknowledgement Library Form

DATE

Dear _____:

Re: Name of Facility
Permit Number
City, County, Mississippi

Enclosed is a copy of the public notice for comment on the request by _____ for coverage under the State of Mississippi's Wet Deck Log Spray with Recirculation General Permit at the facility in _____, Mississippi. Please post this notice in the library.

Also, enclosed is a copy of information pertinent to _____ request. This information should be kept on hand for review by the public until **fourteen (14) days following the publication date of the attached public notice**, after which it may be discarded. The public may photocopy all or any portion of this information, but it should not leave the library.

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If you have any questions, please contact me at _____ or contact the Timber Branch of the Mississippi Department of Environmental Quality at (601) 961-5171.

Very truly yours,

Attachment

Received & Agreed to By:

(Name and Title)

(Date)