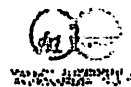


WET DECK LOG SPRAY RECOVERAGE FORM



CURRENT COVERAGE NO.: MSG17 0 0 8 4



(Coverage number is located at the bottom left corner of your previous Certificate of Coverage)

Legal Company Name: Baldwin Pole Mississippi, LLC Facility Name: Baldwin Pole Mississippi

Contact Name and Position: Archie McMillan, Owner

Contact Area Code and Phone Number: (601) 928 - 5475 Contact Email: archie@baldwinpole.com

Primary SIC Code: (2491) Primary NAICS Code (6-digit): (321114)

Physical Site Address - Street: 1633 South First Street

City: Wiggins State: MS Zip: 39577 County: Stone

Mailing Address - Street: P. O. Box 37

City: Wiggins State: MS Zip: 39577

Provide the coordinates of the Plant Entrance:

Latitude: 30 degrees 49 minutes 55 seconds Longitude: 89 degrees 07 minutes 46 seconds

Identify boiler blowdown, exterior equipment and vehicle wash waters, or engine washing waters and associated outfall. N/A

Identified the number of outfalls/release points under this coverage? 1

Provide the coordinates of Outfall 001:

Latitude: 30 degrees 49 minutes 38 seconds Longitude: 89 degrees 07 minutes 45 seconds

Nearest named waterbody which storm water will enter: Unnamed tributary to Red Creek

Provide the coordinates of Outfall 002: N/A

Latitude: degrees minutes seconds Longitude: degrees minutes seconds

Nearest named waterbody which storm water will enter:

Provide the coordinates of Outfall 003: N/A

Latitude: degrees minutes seconds Longitude: degrees minutes seconds

Nearest named waterbody which storm water will enter:

Are there any discharges of storm water exposed to industrial activities or allowable non-storm water discharges which do not drain to and discharge from a WDLS recirculation pond? YES NO

If yes, a SWPPP is required to be submitted to address this industrial stormwater. The SWPPP is maintained on site and a copy is attached with this form. YES NO N/A

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 the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to emit regulated air emissions and discharge wastewater or storm water associated with industrial activity under this general permit. I understand that discharging pollutants associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

Archie McMillan
Authorized Signature (shall be signed according to ACT 4, T-4 of the GP)

2 May 2022
Date Signed

Archie McMillan
Printed Name

Owner
Title

Submit signed form online at www.mdeq.ms.gov/wdlsnp or a hard copy to Water II Branch Manager, EPD, MDEQ, PO Box 2261, Jackson, MS 39225

m-received via email 5.3.22