



WET DECK LOG SPRAY RECOVERY FORM

CURRENT COVERAGE NO.: MSG17 0044

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



Legal Company Name: J.M. JONES LUMBER CO. INC Facility Name: J.M. JONES LUMBER CO., INC.

Contact Name and Position: HOWARD JONES - V.P.

Contact Area Code and Phone Number: (601) 431-1285 Contact Email: hjones@jolumco.com

Primary SIC Code: (2421) Primary NAICS Code (6-digit): (321113)

Physical Site Address - Street: 1 JONES SAWMILL RD.

City: NATCHEZ State: MS Zip: 39120 County: ADAMS

Mailing Address - Street: P.O. Box 1368

City: NATCHEZ State: MS Zip: 39120

Provide the coordinates of the Plant Entrance:

Latitude: 31 degrees 32 minutes 52 seconds Longitude: 91 degrees 25 minutes 33 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? 2

Provide the coordinates of Outfall 001:

Latitude: 31 degrees 33 minutes 00 seconds Longitude: 91 degrees 25 minutes 30 seconds

Nearest named waterbody which storm water will enter: MISSISSIPPI RIVER MDEQ

Provide the coordinates of Outfall 002: ☐ N/A

Latitude: 31 degrees 32 minutes 46 seconds Longitude: 91 degrees 25 minutes 49 seconds

Nearest named waterbody which storm water will enter: MISSISSIPPI RIVER

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.

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

Howard Jones

Printed Name

Date Signed

3/15/2022

V.P.

Title



RECEIVED

MAY 25 2022

WET DECK LOG SPRAY GENERAL PERMIT (WDLSP) RECOVERY FORM

INSTRUCTIONS

All questions must be answered for this Recovery Form to be considered complete. If an item does not apply, enter "N/A" for not applicable to show that you considered the question.

The applicant must be the owner and/or operator of the property (i.e., the legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant).

Registration with Mississippi Secretary of State: If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of registration with the Mississippi Secretary of State and/or the Certificate of Good Standing (official or unofficial copy). This registration or Certificate of Good Standing must be dated within 12 months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Submittal Requirements: For recovery under this general permit, this form must be completed and returned to MDEQ **within 60 days** of the date of the Letter of Instruction for Recovery. For other NOI submittal deadlines see Condition S-3 of ACT 2, of the WDLSP. All forms must be submitted online at www.mdeq.ms.gov/wdlsqp or via hard copy to:

Water II Branch Manager, Environmental Permits Division
Mississippi Department of Environmental Quality
PO Box 2261
Jackson, MS 39225-2261

Storm Water from Industrial Activities and the Storm Water Pollution Prevention Plan (SWPPP): Discharges of storm water exposed to industrial activities and allowable non-storm water discharges identified in ACT 1, T-2(6), that do not drain to and discharge from the WDLS recirculation pond that were previously covered under the Industrial Stormwater General Permit (ISGP) are now covered under this GP. A SWPPP for these industrial storm water discharges must be submitted with the Recovery Form. If an electronic copy is submitted, a hard copy should also be mailed to the address above for MDEQ's files.

Storm Water from Construction Activities: Construction activities including clearing, excavating, and other land disturbing activities equal to or greater than one (1) acre but less than five (5) acres require compliance with the Small Construction General Permit and completion of a Small Construction Notice of Intent (SCNOI). Construction activities equal to or greater than five (5) acres require compliance with the Large Construction General Permit and submittal of a Large Construction Notice of Intent (LCNOI). These General Permits, NOIs, and other required forms can be found at the following link: www.mdeq.ms.gov/generalpermits/.

Notice of Termination: If the facility is out of business or no longer active, please request termination of coverage by completing the Notice of Termination (NOT) Form found at www.mdeq.ms.gov/wdlsqp. Facilities that continue to discharge wastewater and/or stormwater without applicable permit coverage are in violation of state law. This Recovery Form is not required to be submitted if the facility is submitting a request for termination of coverage.



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 20th day of November, 1961, the State of Mississippi issued a Charter/Certificate of Authority to:

J. M. JONES LUMBER COMPANY, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state as of the date of this certificate have been paid and that the same are in full.

has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said J. M. [redacted]
COMPANY, INC. is in good standing at this time.

Given under my hand and seal of office
the 9th day of March, 2022

Michael [redacted]

Certificate Number: CN22133301
Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate>

