

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
NOV 10 2010
Dept of Environmental Quality
Office of Pollution Control

BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. ~~MSR00~~ 110060

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Baseline General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

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.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. The visual assessment and training sections of your SWPPP will probably need to be updated to adhere to permit requirements (see ACT8, S-1 and ACT12, S-1 and S-2). These updates do NOT need to be submitted to MDEQ.

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 Baseline Forms Package. 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).

Do not submit this form if submitting a "No Exposure Certification."

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: owner/operator facility (please check one)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: CHARLES BOYETTE - ENVIRONMENTAL COORDINATOR

COMPANY NAME: GEORGIA PACIFIC WOOD PRODUCTS LLC

STREET OR P.O. BOX: RT 1, BOX 17

CITY: DUCK HILL STATE: MS ZIP: 38925

PHONE NUMBER (INCLUDE AREA CODE): 662-226-8634 CELL 662-609-0172

FACILITY INFORMATION

FACILITY NAME: GRENADA OSB PLANT

CONTACT NAME & POSITION: BO OAKES - PRESERVATION TEAM LEADER

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-226-8634

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2493 RECONSTITUTED WOOD PRODUCTS

PHYSICAL SITE ADDRESS: STREET: 44 HIGHWAY 51 SOUTH

CITY: GRENADA COUNTY: GRENADA ZIP: 38901

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 33 degrees 42 minutes 30 seconds LONGITUDE: 89 degrees 39 minutes 08 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: BATUPAN ROGUE

IS RECEIVING STREAM ON MDEQ's 303(d) LIST? YES NO

IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO

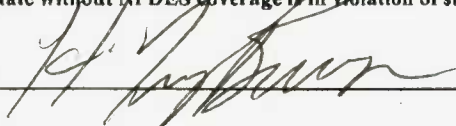
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? YES NO

2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? YES NO
 IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).

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.

Signature: 

Date: _____

Printed Name: TROY BROWN

Title: PLANT MANAGER

¹This form shall be signed according to ACT14, T-9 of the General Permit, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

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 Products LLC

Troy Brown
Operations Manager

Oriented Strand Board Plant

*Rt. 1, Box 17
Duck Hill, Mississippi 38925
Telephone (662) 226-8634
Facsimile (662) 226-0660*

November 05, 2010

CERTIFIED MAIL No. 7009 2250 0001 5426 7462
RETURN RECEIPT REQUESTED

Mr. Jim Morris,
Department of Environmental Quality
General Permits Branch, Chief
Environmental Permits Division
P. O. Box 2261
Jackson, MS 39225

RE: Baseline Recoverage
Ref. No. MSRI10060

Dear Mr. Morris:

Enclosed is the "Baseline Storm Water General Permit Re-Coverage Form" for this facility to meet requirements for reissue of the general permit. The form is submitted based on a letter of request for recoverage you mailed to Keith Bentley dated October 8, 2010.

Per an e-mail correspondence with you and Teresa Salamone (a consultant of Georgia-Pacific) on October 28, 2010, you stated that revisions to the facility's Storm Water Pollution Prevention Plan (SWP3) are required 30 days from the date of the facility's certificate of coverage. Should you have any questions or need additional information please contact Charles Boyette at 662-226-8634.

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering and evaluating 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.

Sincerely,

Troy Brown
Operations Manager

Attachment

Cc: Eric Chang/Georgia-Pacific Wood Products, LLC Atlanta