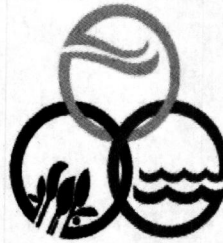


AI #1642

Tommy



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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AUG 09 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 0029
GENERAL NPDES COVERAGE NO. MSG17

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: Ben Crim, VP, Engineering and Environmental Management
COMPANY NAME: Hood Industries, Inc.
STREET OR P.O. BOX: 15 Professional Pkwy
CITY: Hattiesburg STATE: MS ZIP: 39402
PHONE NUMBER (INCLUDE AREA CODE): 601-296-4819

FACILITY INFORMATION

FACILITY NAME: Hood Industries, Inc. (Wiggins Plywood Plant)
CONTACT NAME & POSITION: Ben Crim, VP, Eng & Env Management
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-296-4819
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2436 Softwood Veneer and Plywood
PHYSICAL SITE ADDRESS: STREET: 1945 South First Street
CITY: Wiggins COUNTY: Stone ZIP: 39577
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 30 degrees 49 minutes 35 seconds LONGITUDE: 89 degrees 07 minutes 38 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 1

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: 30 degrees 49 minutes 34 seconds

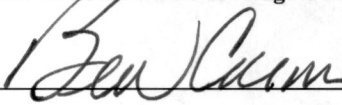
LONGITUDE: 89 degrees 07 minutes 28 seconds

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

CHURCH HOUSE BRANCH

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 8/4/17

Benjamin E. Crim, P.E.
Printed Name¹

Vice President, Eng & Env Management
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



HOOD INDUSTRIES, INC.

15 PROFESSIONAL PARKWAY
HATTIESBURG, MS 39402
Phone: (601) 264-2962 • FAX: (601) 296-4779
www.hoodindustries.com

August 4, 2017

CERTIFIED MAIL, RETURN RECEIPT REQUESTED - 7016 1970 0000 9390 7917

Ms. Krystal Rudolph, Chief
Environmental Permits Division
Office of Pollution Control
Mississippi Department of Environmental Quality
P. O. Box 2261
Jackson, MS 39225

Re: Wet Deck Log Spray General Permit, No. MSG170029
Re-coverage Form
Wiggins, Stone County, MS

Dear Ms. Rudolph:

Enclosed please find our Wet Deck Log Spray with Recirculation General Permit Re-coverage Form for our Wiggins facility.

Please contact me if additional information is required.

Sincerely,

HOOD INDUSTRIES, INC.

Benjamin E. Crim, P.E.
Vice President Engineering
& Environmental Management

Enclosure

cc: Mr. Randy Youngblood
Mr. Tony Gamble
Mr. Robert Maddos

File No. 1.05

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AUG 09 2017
Dept. of Environmental Quality



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
HOOD INDUSTRIES, INC.	Legal

Business Information

Business Type:	Profit Corporation
Business ID:	518986
Status:	Good Standing
Effective Date:	03/04/1983
State of Incorporation:	Mississippi
Principal Office Address:	623 N Main Street, Suite 200 Hattiesburg, MS 39401

Registered Agent

Name
JOHN A BURNAM 623 MAIN ST, PO BOX 1828 HATTIESBURG, MS 39403-1828

Officers & Directors

Name	Title
Jay Galloway 15 Professional Pkwy Hattiesburg, MS 39402	President
John Johnson 623 N Main Street Suite 100 Hattiesburg, MS 39401	Vice President

Warren A. Hood, Jr.
623 N Main Street
Hattiesburg, MS 39401

Director, Treasurer

John A Burnam
623 N Main Street Suite 200
Hattiesburg, MS 39401

Secretary