AL #2014



BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED BASELINE GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0 9 4 5

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 45 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 (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be ineffective in controlling storm water pollutants.

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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable).

The Certificate of Coverage should be m	ailed to: 🗸 owner/oper	ator facility (please	check one)
COVERA	GE RECIPIENT INFOR	MATION	
CONTACT NAME & POSITION: William J. Va.	n Devender, Manager		
COMPANY NAME: Southeastern Timber Prod	lucts, LLC		
STREET OR P.O. BOX: P.O. Box 5327			
CITY: Jackson	STATE: MS	ZIP: <u>39296</u>	
PHONE NUMBER (601) 982-8728	EMAIL:		

FACILITY INFORMATION

	THEIRIT MIT ONNIHITE	011			
FACILITY NAME: Ackerman Pl	ant				
CONTACT NAME & POSITION: _	Jody Webb, Mill Manager				
CONTACT PHONE NUMBER (662) 285-3291 EMAIL: jswebb@setimberproducts.com					
PRIMARY STANDARD INDUSTR	IAL CLASSIFICATION (SIC) CODE & DES	SCRIPTION OF INDUST	RIAL ACTIVITY:		
2 4 2 1 Sawmills and Pl	aning Mills, General		: <u>نامنی خیالہ</u>		
PHYSICAL SITE ADDRESS:	STREET: Highway 12 West				
CITY: Ackerman	COUNTY: Choctaw		ZIP: 39735		
PROVIDE THE COORDINATES O	F THE PLANT ENTRANCE:				
LATITUDE: 33 degrees 18 m	inutes <u>02</u> seconds LONGITUE	E: <u>89</u> degrees <u>12</u>	minutes 26 seconds		
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Yockanookany River					
IS RECEIVING STREAM ON MDEQ's 303(d) LIST?			☐ YES ✓ NO		
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?		MENT?	☐ YES ✓ NO		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)					
	The later to the		✓ YES NO		
1. IS A COPY OF THE SWPPP AT		A MATED DOLL UTANTE			
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? ✓ YES IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).					
system designed to assure that qualific person or persons who manage the sys the best of my knowledge and belief, tr information, including the possibility of I further certify that I understand who industrial activity under this general n	document and all attachments were prepared u d personnel properly gathered and evaluated th tem, or those persons directly responsible for ga ue, accurate and complete. I am aware that the of fine and imprisonment for knowing violations on coverage is terminated the facility is no longe termit. I understand that discharging pollutants	e information submitted. In thering the information, the ere are significant penalties are authorized to discharge st	Based on my inquiry of the information submitted is, to for submitting false corm water associated with		
waters of the state without NPDES cov	erage is in violation of state law.				
1-8-201h					
Signature 1		Date			
William J. Van Devender Printed Name ¹		Manager Title	<u> </u>		
¹ This form shall be signed according to - For a corporation, by a responsible - For a partnership, by a general par - For a sole proprietorship, by the pr	tner.		ı		
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Quality, Of P.O. Box 2261 Jackson, Mississippi 39225	ffice of Pollution Control			

Page 2 of 2



JAN 1 1 2016

January 8, 2016

Dept. of Environmental Quality

Chief, Environmental Compliance and Enforcement Division MDEQ, Office of Pollution Control P.O. Box 2261
Jackson, Mississippi 39225

RE: Baseline Stormwater Re-Coverage

Southeastern Timber Products, LLC - Ackerman Plant

Coverage No. MSR000945

Ackerman, Choctaw County, Mississippi

Dear Mr. Sanders:

Please find enclosed the completed Baseline Re-Coverage form for the Southeastern Timber Products, LLC - Ackerman Plant. This form is notice that the facility wishes to be covered under the recently reissued Baseline General Permit. Our current Storm Water Pollution Prevention Plan (SWPPP) is being evaluated. If significant modifications are necessary due to facility changes, the updated SWPPP will be transmitted to MDEQ when completed. If you should have any questions, please contact me at (601) 982-8728.

Sincerely,

William J. Van Devender – Manager Southeastern Timber Products, LLC

Will Walmel

Enclosure

cc: Mr. Jody Webb, Mill Manager, SET Ackerman Plant (w/o attachment)
Mr. Chad Winter, P.E., FC&E Engineering, LLC (w/o attachment)

Mailing Address: P. O. Box 5327 • Jackson, MS 39296 • 601-982-8728 • Fax 601-982-8673 Physical Address: 1300 Meadowbrook Road • Suite 202 • Jackson, MS 39211