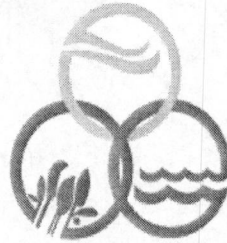


AI #37678



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
SEP 01 2017
Dept. of Environmental Quality

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
GENERAL NPDES COVERAGE NO. MSG17 0057

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: Josh Angle - Forester / Environmental Quality Officer
COMPANY NAME: Fly Timber Co. Inc.
STREET OR P.O. BOX: 2178 Hwy 7 N
CITY: Grenada STATE: MS ZIP: 38901
PHONE NUMBER (INCLUDE AREA CODE): 662-417-5935

FACILITY INFORMATION

FACILITY NAME: Fly Tie Lumber
CONTACT NAME & POSITION: Josh Angle - Forester / EQO
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-417-5935
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2421
PHYSICAL SITE ADDRESS: STREET: 1677 Hwy 7 N
CITY: Grenada COUNTY: Grenada ZIP: 38901
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 33 degrees 52 minutes 27 seconds LONGITUDE: 89 degrees 49 minutes 27 seconds

F0008

2017127042

Fee: \$ 25



DELBERT HOSEMANN
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

2017 Corporate Annual Report

Business Information

Business ID: 516693

Business Name: FLY TIMBER CO., INC.

State of Incorporation: MS

Business Email: flytimber@gmail.com

Phone: (***)***-****

FEIN: **-*****

Principal Address: 2178 HWY 7 N
GRENADA, MS 38901

Registered Agent

Name: RICKY FLY

Address: 2178 HWY 7N
GRENADA, MS 38901

Officers

Title/Name:

Address:

Director:

President: Ricky Fly

2178 Hwy 7 N
Grenada, MS 38901

Vice President:

Secretary: Dorothy S Fly

2178 Hwy 7 N
Grenada, MS 38901

Treasurer: Dorothy S Fly

2178 Hwy 7 N
Grenada, MS 38901

Stocks

<i>Class:</i>	<i>Authorized:</i>	<i>Series:</i>	<i>Issued:</i>
Common	0		0
Common	4000		4000
Common	0		0

NAICS Code/Nature of Business

- 113310 - Logging
- 115310 - Support Activities for Forestry
- 425120 - Wholesale Trade Agents and Brokers

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **04/05/2017**.

Name:

Dorothy S Fly
Secretary

Address:

2178 Hwy 7 North
Grenada, MS 38901

Officers List

Name:

Ricky Fly
Director, President

Dorothy S Fly
Director, Secretary, Treasurer

Address:

2178 Hwy 7 N
Grenada, MS 38901

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Grenada, MS 38901