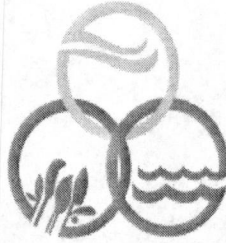


AI #915



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED  
SEP - 7 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 0 0 8 8

## 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): None

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Alan Lewis, President  
COMPANY NAME: Majestic Timber, LLC  
STREET OR P.O. BOX: P.O. Box 480095  
CITY: Linden STATE: AL ZIP: 36748  
PHONE NUMBER (INCLUDE AREA CODE): (334) 295-2304

FACILITY INFORMATION

FACILITY NAME: Majestic Timber, LLC  
CONTACT NAME & POSITION: Alan Lewis, President  
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (334) 295-2304  
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2421 Woodyard with two wet decks.  
PHYSICAL SITE ADDRESS: STREET: 18965 Highway 80 East  
CITY: Hickory COUNTY: Newton ZIP: 39332  
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
LATITUDE: 32 degrees 19 minutes 9 seconds      LONGITUDE: 89 degrees 0 minutes 43 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 2

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: Outfall 001  
32 degrees 18 minutes 55 seconds

Outfall 002  
Latitude: 32 Degrees 18 Minutes 57 Seconds

LONGITUDE: 89 degrees 0 minutes 51.66 seconds

Longitude: 89 Degrees 0 Minutes 31.8 Seconds


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

001 - Potterchitto Crcek

002 - Potterchitto Creek

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<sup>1</sup>

8/31/17  
Date

Alan Lewis  
Printed Name<sup>1</sup>

President  
Title

<sup>1</sup>This 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

**F0108**

**2017044891**

**Fee: \$ 250**



Business ID: 1019159  
Filed: 02/09/2017 07:29 AM  
C. Delbert Hosemann, Jr.  
Secretary of State

DELBERT HOSEMANN  
Secretary of State

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

TELEPHONE: (601) 359-1633

## 2017 LLC Annual Report

### Business Information

**Business ID:** 1019159

**Business Name:** Majestic Timber, LLC

**State of Incorporation:** AL

**Business Email:** tdunnam@redcrown.com

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

**FEIN:** \*\*-\*\*\*\*\*

**Principal Address:** 23741 Highway 43  
Linden, AL 36748

### Registered Agent

**Name:** Lingle, Richard M

**Address:** Suite 110, 1400 Lakeover Road  
Jackson, MS 39213

### Managers and Members

#### Managers

**Name:**

Alan Lewis  
Manager

**Address:**

23741 Highway 43 PO Box 480095  
Linden, AL 36748

**Officers**

***Title/Name:***

***Address:***

***Director:***

**President:**

**Vice President:**

**Secretary:**

**Treasurer:**

This LLC has a written Operating Agreement.

**NAICS Code/Nature of Business**

113110 - Timber Tract Operations

**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 **02/09/2017**.

***Name:***

Robert Terry Dunnam

*Other*

***Address:***

23741 Highway 43

Linden, AL 36748

**Officers List**

***Name:***

Alan Lewis  
*Manager*

***Address:***

23741 Highway 43 PO Box 480095  
Linden, AL 36748