

AI #881

BECKY



SEP 20 2017

MISSISSIPPI

MISSISSIPPI DEPARTMENT 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 7 2

## 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): N/A

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: BRIAN NORRIS GROUP MANAGER  
COMPANY NAME: GEORGIA-PACIFIC WFS LLC  
STREET OR P.O. BOX: 630 LAKELAND EAST DRIVE SUITE A  
CITY: FLOWOOD STATE: MS ZIP: 39232  
PHONE NUMBER (INCLUDE AREA CODE): 601-933-0203

FACILITY INFORMATION

FACILITY NAME: GEORGIA-PACIFIC W AND FS MS LLC BROOKHAVEN WET DECK  
CONTACT NAME & POSITION: LARRY FORMAN CHIP MILL SUPERINTENDENT  
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-639-5000 601-823-9325  
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2411 LOGGING (PILING WOOD; UNTREATED)  
PHYSICAL SITE ADDRESS: STREET: 149 AUBURN DRIVE SOUTHWEST  
CITY: BOGUE CHITTO COUNTY: LINCOLN ZIP: 39629  
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
LATITUDE: 31 degrees 31 minutes 42 seconds LONGITUDE: 90 degrees 29 minutes 2 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: 31 degrees 31 minutes 44 seconds

LONGITUDE: 90 degrees 28 minutes 49 seconds

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

UNNAMED TRIBUTARY OF WEST BOGUE CHITTO

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.

Karl W. Cooper  
Signature<sup>1</sup>

9/14/2017  
Date

Karl W. Cooper  
Printed Name<sup>1</sup>

Region Mgr. Operations  
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



**Georgia-Pacific**  
Wood and Fiber Supply

Georgia-Pacific WFS LLC

133 Peachtree Street, N.E. (30303)  
P.O. Box 105605  
Atlanta, Georgia 30348-5605  
(404) 652-4000  
www.gp.com

**DELEGATION OF SIGNATORY AUTHORIZATION**  
**FOR ENVIRONMENTAL DOCUMENTS**

Pursuant to, *inter alia*, the applicable requirements of 40 CFR 122.22 and other applicable federal, state and local requirements for signatory authority, I do hereby:

- (a) Delegate to the individuals in the below-listed positions in Georgia-Pacific WFS LLC, a Delaware limited liability company (the "Company"), the authority to sign and submit on behalf of the Company all environmental permit applications, environmental reports (e.g., Tier I/II reports, TRI reports), and all other routine documents and information the submission of which is required by environmental permits or regulations or is required or requested by any federal, state or local environmental regulatory agency having jurisdiction:

Vice President – Wood and Fiber Supply Operations  
Region Manager – Operations  
Region Manager – Fiber  
Region Manager – Mid-Atlantic  
Region Manager – Piedmont  
Region Manager – Southeast  
Region Manager – Mid-South/Southwest  
Region Manager – South Mississippi/Louisiana  
Region Manager – Arkansas  
Region Manager – East Texas/West Louisiana  
Region Manager – Northwest

- (b) Delegate to the individuals in the below-listed positions in the Company the authority to sign and submit on behalf of the Company only environmental reports or submittals required by any environmental permit (e.g., emission inventories, DMRs) and such other routine information related thereto as is required or requested by the applicable federal, state or local environmental regulatory agency; and only any environmental permit applications the authorization for which is not subject to the limitations on duly authorized representatives set forth in 40 CFR 122.22:

Region Manager – Sustainable Forestry and Environmental

Each individual in the above-listed positions is expected to consult with the assigned subject matter expert and/or corporate field environmental engineer, and follow the Company's Government Interaction Compliance Standard, in exercising this authorization.

This authorization is intended to apply to the fullest extent that such authorization is allowed by the organizing documents of the Company and by applicable law and regulation.

This authorization shall continue indefinitely until this Delegation of Signatory Authority is expressly amended, superseded, revoked or otherwise terminated; provided, however, that in the event that any individual in the above-listed positions ceases employment with the Company or otherwise ceases to hold one of the above-listed positions in the Company, such individual's authority shall terminate as of the date of such cessation with no further action required by the Company.

As a responsible corporate officer of the Company, I duly make this authorization.

KAH

Kevin Heath  
President  
Georgia-Pacific WFS LLC

Date: 8-15-17





**DELBERT HOSEMANN**  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

### **GEORGIA-PACIFIC WFS LLC**

Registered the 3rd day of September, 2014

A Delaware LIMITED LIABILITY COMPANY has filed the necessary documents in this office and has obtained a certificate of registration to do business in this state, under the provisions of The Mississippi Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

I further certify that said Limited Liability Company has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designating its agent and/or attorney for service of process in this State as:

**C. T. CORPORATION SYSTEM**  
645 LAKELAND DRIVE EAST DR., STE 101  
FLOWOOD, MS 39232

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 2nd day of June, 2017

Handwritten signature of C. Delbert Hosemann, Jr. in cursive script.

**C. DELBERT HOSEMANN, JR.**  
*Secretary of State*

Certificate Number: CN17037916

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>