

AI #1659



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
OCT 6 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 0091

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: Aubrey L. Hill owner/Secretary
COMPANY NAME: Monticello Forest Products Corp.
STREET OR P.O. BOX: P.O. Drawer 789
CITY: Monticello STATE: MS ZIP: 39654
PHONE NUMBER (INCLUDE AREA CODE): 601-587-2516

FACILITY INFORMATION

FACILITY NAME: MFPC woodyard
CONTACT NAME & POSITION: Aubrey L. Hill
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-587-2516
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
Wet storage For Pulpwood
PHYSICAL SITE ADDRESS: STREET: 465 HA Sandifer Hwy
CITY: Monticello COUNTY: Lawrence ZIP: 39654
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 31 degrees 37 minutes 298 seconds LONGITUDE: 90 degrees 06 minutes 20 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 001

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 37 minutes 2.98 seconds

LONGITUDE: 90 degrees 06 minutes .20 seconds

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

Discharges into an unnamed tributary, then into the Pearl River.

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.

Aubrey L. Hill
Signature¹

9-28-2017
Date

Aubrey L. Hill
Printed Name¹

Secretary/owner
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



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
MONTICELLO FOREST PRODUCTS CORP.	Legal

Business Information

Business Type:	Profit Corporation
Business ID:	206481
Status:	Good Standing
Effective Date:	06/05/1973
State of Incorporation:	Mississippi
Principal Office Address:	465 N.A. Sandifer Highway Monticello, MS 39654

Registered Agent

Name
T L HILL 465 N.A. Sandifer Highway;P O Drawer 789 Monticello, MS 39654

Officers & Directors

Name	Title
Louis H Watson 1436 Amherst Jackson, MS	Incorporator
Marianne M Love Belvoir Apartments, Main St Clinton, MS	Incorporator
T.L. Hill PO Drawer 789	Director, President

Monticello, MS 39654

Aubrey L. Hill
PO Drawer 789
Monticello, MS 39654

Director, Secretary, Treasurer

Rebecca B. Hill
PO Drawer 789
Monticello, MS 39654

Director

Debbie Hill Berry
PO Drawer 789
Monticello, MS 39654

Director

F0008

2017218451

Fee: \$ 25



Business ID: 206481
Filed: 08/22/2017 05:50 PM
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 Corporate Annual Report

Business Information

Business ID: 206481

Business Name: MONTICELLO FOREST
PRODUCTS CORP.

State of Incorporation: MS

Business Email: debbie@mfpccms.com

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

FEIN: **-*****

Principal Address: 465 N.A. Sandifer Highway
Monticello, MS 39654

Registered Agent

Name: T L HILL

Address: 465 N.A. Sandifer Highway;P O Drawer 789
Monticello, MS 39654

Officers

Title/Name:	Address:	Director:
President: T.L. Hill	PO Drawer 789 Monticello, MS 39654	<input checked="" type="checkbox"/>
Vice President:		<input type="checkbox"/>
Secretary: Aubrey L. Hill	PO Drawer 789 Monticello, MS 39654	<input checked="" type="checkbox"/>
Treasurer: Aubrey L. Hill	PO Drawer 789 Monticello, MS 39654	<input checked="" type="checkbox"/>

Stocks

Class:	Authorized:	Series:	Issued:
Common	25000		11728

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 *08/22/2017*.

Name:

T.L. Hill

President

Address:

PO Drawer 789

Monticello, MS 39654

Officers List

Name:

T.L. Hill

Director, President

Address:

PO Drawer 789

Monticello, MS 39654

Aubrey L. Hill

Director, Secretary, Treasurer

PO Drawer 789

Monticello, MS 39654

Rebecca B. Hill

Director

PO Drawer 789

Monticello, MS 39654

Debbie Hill Berry

Director

PO Drawer 789

Monticello, MS 39654