



RECEIVED
SEP 13 2019

BY: _____

WET DECK LOG SPRAY WITH RECIRCULATION NOTICE OF INTENT

FOR COVERAGE UNDER WET DECK LOG SPRAY WITH RE-CIRCULATION
GENERAL NPDES PERMIT MSG17 _____
(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED INDUSTRIAL ACTIVITY

INSTRUCTIONS

Submittals with this Notice of Intent (NOI) must include an United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary and a drawing showing the dimensions of the wet deck recirculation pond(s) and the timber wet storage area(s). Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

For new or expanding facilities, detailed plans and specifications must be submitted for the wet deck log spray recirculation pond(s) by a registered Professional Engineer. Also, contiguous landowner notification forms, the proof of publication in a local newspaper, and the acceptance letter from a local library must also be provided as outlined in Activity 4, Conditions S-2 and S-3 of the general permit.

As part of this NOI, if applicable, all previously approved boiler chemical additive approval notifications must be submitted. At a minimum, the exact name of the chemical, the date of the facility's notification submittal, and MDEQ's approval letter must be provided.

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.

All INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

THE APPLICANT IS OWNER OR OPERATOR? (CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name & Position: Tommy Kelley, Vice President

Owner Company Name: Al-Tom Forest Products

Owner Street or (P.O. Box): 401 County Farm Road

Owner City: Waynesboro State: MS Zip: 39367

Owner Phone Number (Include Area Code): 601-735-2541

OPERATOR INFORMATION (if different than owner)

Operator Contact Name & Position: Same as owner

Operator Company: _____

Operator Street (P.O. Box): _____

Operator City: _____ State: _____ Zip: _____

Operator Phone Number (Include Area Code): _____

FACILITY INFORMATION

Facility Name: Round Lumber Yard – Al-Tom Forest Products

Nature of Business (Include 4 – digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 2 4 1 1 NAICS: 113310

Physical Site Address (if not available indicate the nearest named road):

Street: County Farm Road (no street number yet) City: Waynesboro

County: Wayne County Zip: 39367

Geographic Position:

Latitude: 31 degrees 38 minutes 56.17 seconds

Longitude: -88 degrees 35 minutes 21.56 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

How many outfalls/release points are eligible for coverage? One (1)

Siting Criteria (For New Construction Only):

MDEQ considers wet deck log spray recirculation systems to be wastewater treatment systems. According to the "State of Mississippi Wastewater Regulations", wastewater treatment systems must be 150 feet from the nearest adjoining property line unless the property is zoned for commercial or industrial use or is being used as such.

Will the pond(s) and timber wet storage area(s) meet the siting criteria: Yes No

If no, is adjoining property zoned for commercial or industrial use or being used as such? Yes No

If siting criteria cannot be met, please complete a Property Line Buffer Zone Waiver Form. This form can be found on MDEQ's website at MDEQ – Timber and Wood Products Branch webpage or can be obtained from MDEQ Environmental Permits Division by calling (601) 961-5623.

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 38 minutes 38.89 seconds

Longitude: 88 degrees 35 minutes 11.98 seconds

Receiving Stream(s) (If more than one outfall is covered, indicate the respective receiving stream for each outfall.):

Meadows Mill Creek

**DOCUMENTATION OF COMPLIANCE WITH OTHER
REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits? Yes No If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):

How will sanitary sewage be collected and treated? Municipal/industrial sewer

Will the facility route boiler blowdown, exterior equipment or exterior vehicle washwater, or any other type wastewater to the wet deck log spray recirculation pond(s)? Yes No If yes, please indicate in gallons per day the volume of each wastestream. (Please be aware that facilities which route exterior equipment or exterior vehicle washwater where detergents or other chemicals are being used are not eligible to obtain coverage under this general permit.):

CERTIFICATION

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 fine and imprisonment for knowing violations.


Signature¹ (Must be signed by operator when different than owner)

9-6-19
Date Signed

Tommy Kelley
Printed Name¹

Vice President
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: Environmental Permits Division, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225-2261

PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 _____ County _____

(Fill in your Certificate of Coverage Number and County)



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Tommy Kelley PHONE NUMBER: (601) 735-2541

PRIME CONTRACTOR COMPANY: Kelley Brothers Contractors

PRIME CONTRACTOR STREET (P.O. BOX): 401 County Farm Road

PRIME CONTRACTOR CITY: Waynesboro STATE: MS ZIP: 39367

E-MAIL ADDRESS: tok@kelleycompanies.com

OWNER INFORMATION

OWNER CONTACT PERSON: Tommy Kelley PHONE NUMBER: (601) 735-2541

OWNER COMPANY NAME: Al-Tom Forest Products, Inc.

PROJECT INFORMATION

PROJECT NAME: Round Wood Yard - Al-Tom Forest Products

DESCRIPTION OF CONSTRUCTION ACTIVITY: Clearing and grubbing of northwestern corner and construction of recirculation pond on southern portion of site

PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)

STREET: County Farm Road (no street number assigned yet)

CITY: Waynesboro COUNTY: Wayne

I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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 fine and imprisonment for knowing violations.

Tommy Kelley
Prime Contractor Signature

Tommy Kelley
Printed Name

9-10-19
Date Signed

Vice-President
Title

- This application shall be signed as follows:
- For a corporation, by a responsible corporate officer.
 - For a partnership, by a general partner.
 - For a sole proprietorship, by the proprietor.
 - For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

This Prime Contractors Certification form shall be submitted 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

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 laws of Mississippi, to be filed in my office, do hereby certify:

That on the 18th day of March, 1980, the State of Mississippi issued a Charter/ Certificate of Authority to:

AL-TOM FOREST PRODUCTS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said AL-TOM FOREST PRODUCTS, INC. is in good standing at this time.

Given under my hand and seal of office
the 9th day of September, 2019

A handwritten signature in black ink that reads "C. Delbert Hosemann, Jr." written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19071185

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