



# WET DECK LOG SPRAY RECOVERY FORM

CURRENT COVERAGE NO.: MSG17 0059

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage)



Legal Company Name: Johnson Timber Company, LLC Facility Name: Mathiston Wet Deck Yard

Contact Name and Position: Rodney Johnson, Member

Contact Area Code and Phone Number: ( 662 ) 494 - 4492 Contact Email: johnsontimbercompany@gmail.com

Primary SIC Code: ( 2411 ) Primary NAICS Code (6-digit): ( 113310 )

Physical Site Address - Street: 266 Crossroads Church Road

City: Mathiston State: MS Zip: 39752 County: Choctaw

Mailing Address - Street: P.O. Box 69

City: Pheba State: MS Zip: 39755

Provide the coordinates of the Plant Entrance:

Latitude: 33 degrees 30 minutes 47 seconds Longitude: -89 degrees 07 minutes 46 seconds

Identify boiler blowdown, exterior equipment and vehicle wash waters, or engine washing waters and associated outfall. None

Identified the number of outfalls/release points under this coverage? 1

Provide the coordinates of Outfall 001:

Latitude: 33 degrees 30 minutes 45 seconds Longitude: -89 degrees 07 minutes 39 seconds

Nearest named waterbody which storm water will enter: Pigeon Roost Creek

Provide the coordinates of Outfall 002: ☒ N/A

Latitude:      degrees      minutes      seconds Longitude:      degrees      minutes      seconds

Nearest named waterbody which storm water will enter:     

Provide the coordinates of Outfall 003: ☒ N/A

Latitude:      degrees      minutes      seconds Longitude:      degrees      minutes      seconds

Nearest named waterbody which storm water will enter:     

Are there any discharges of storm water exposed to industrial activities or allowable non-storm water discharges which do not drain to and discharge from a WDLS recirculation pond? ☐ YES ☒ NO

If yes, a SWPPP is required to be submitted to address this industrial stormwater. The SWPPP is maintained on site and a copy is attached with this form. ☐ YES ☐ NO ☒ N/A

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 the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to emit regulated air emissions and discharge wastewater or storm water associated with industrial activity under this general permit. I understand that discharging pollutants associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

Rodney J. Johnson  
Authorized Signature (shall be signed according to ACT 4, T-4 of the GP)

5/25/2022  
Date Signed

Rodney Johnson  
Printed Name

Member  
Title

Submit signed form online at [www.mdeq.ms.gov/wdlsqp](http://www.mdeq.ms.gov/wdlsqp) or a hard copy to Water II Branch Manager, EPD, MDEQ, PO Box 2261, Jackson, MS 39225

*m - received via email 5.27.22*