



**WET DECK LOG SPRAY NOTICE OF INTENT (NOI)**



COVERAGE NO.: MSG17 0118

(Coverage number is assigned by MDEQ)

Legal Company Name: Wallace Lumber Company Facility Name: Wallace Lumber Company  
 Contact Name and Position: Mark Wallace  
 Contact Area Code and Phone Number: ( 601 ) 276 - 2834 Contact Email: mark@wallacelumber.net  
 Primary SIC Code: ( 2421 ) Primary NAICS Code (6-digit): ( 321113 )  
 Physical Site Address - Street: 6521 County Line Road  
 City: Summit State: MS Zip: 39666 County: Amite  
 Mailing Address - Street: 6521 County Line Road  
 City: Summit State: MS Zip: 39666

Provide the coordinates of the Plant Entrance:  
 Latitude: <sup>31.2224</sup> \_\_\_ degrees \_\_\_ minutes \_\_\_ seconds Longitude: <sup>90.5612</sup> \_\_\_ degrees \_\_\_ minutes \_\_\_ seconds

Identify boiler blowdown, exterior equipment and vehicle wash waters, or engine washing waters and associated outfall. Wash bay at shop.

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

**Provide the coordinates of Outfall 001:**  
 Latitude: \_\_\_ degrees \_\_\_ minutes \_\_\_ seconds Longitude: \_\_\_ degrees \_\_\_ minutes \_\_\_ seconds  
 Nearest named waterbody which storm water will enter: Tangipahoa River

**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.*

Mark Wallace  
 Authorized Signature (shall be signed according to ACT 4, T-4 of the GP)  
 Mark Wallace  
 Printed Name

7/5/22  
 Date Signed  
 \_\_\_\_\_  
 Owner  
 Title

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