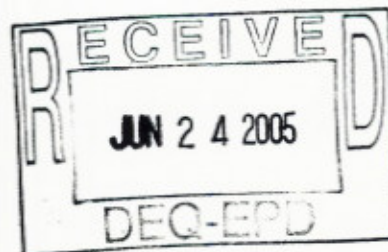


AI #2233
GmP2005000



STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
JAMES I. PALMER, JR.
EXECUTIVE DIRECTOR

WOOD TREATER NOTICE OF INTENT (WNOI)
FOR COVERAGE UNDER WOOD TREATER STORM WATER
GENERAL NPDES PERMIT MSR22 0 0 1 1
(Number to be assigned by State)

(file at least 60 days prior to the commencement
of regulated industrial activity)

NAME OF FACILITY: American Wood

FACILITY OWNER: American Wood, Division of Powe Timber Co., Inc.

FACILITY OPERATOR (if different than owner):

(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

IS THIS FACILITY ALREADY COVERED UNDER ANY NPDES PERMITS? Yes

If yes, list permit number(s): MSR220011-WNOI Admin. Revision Resubmittal

FACILITY CONTACT PERSON: Larry Polk

FACILITY STATUS (Federal, Private, State, Other) Private

TELEPHONE NUMBER (INCLUDE AREA CODE): 601-788-6564

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): P. O. Drawer 1617

CITY: Richton STATE: MS ZIP: 39476

FACILITY LOCATION:

STREET, ROUTE OR OTHER: West side of Highway 15 North

CITY: Richton COUNTY: MS ZIP: 39476

WOOD PRESERVATIVES THAT HAVE BEEN USED: Pentachlorophenol (19??-1987);

Bardac (1987-Present); Borates (2001-2005); CCA (2005-Present); Creosote (1965-Present)
Conosol (2000-Present)

SIC CODE FOR WOOD PRESERVING IS 2491. LIST ANY OTHER APPLICABLE SIC CODES: None applicable

ATTACH A USGS QUAD MAP SHOWING SITE LOCATION AND STORM WATER OUTFALLS.

TOTAL ACREAGE USE TO STORE TREATED LUMBER: Approximately 3 acres

IS TREATMENT PROVIDED AT ANY OUTFALL? IF SO, DESCRIBE:

No treatment provided

DOES ANY STORMWATER GO TO A MUNICIPAL STORM SEWER? Yes

If so, list municipality: City of Richton

ATTACH (AFTER APRIL 1, 1993) A STORM WATER POLLUTION PREVENTION PLAN AS REQUIRED IN THE PERMIT.

ATTACH A COPY OF ANY QUANTITATIVE LABORATORY DATA YOU HAVE FOR EACH STORM WATER OUTFALL. IF MULTIPLE SAMPLING HAS BEEN PERFORMED, PROVIDE A SUMMARY FOR EACH PARAMETER, INCLUDING SAMPLING DATES AND THE MINIMUM, AVERAGE AND MAXIMUM VALUES.

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.

ADMINISTRATIVE UPDATE

Larry Polk
Signature (Must be signed by operator when different than owner)

6/21/05
DATE SIGNED

Larry Polk
Printed Name¹

General Manager
Title

¹This application shall be signed according to the General Permit, Part V.E., 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 either a principal executive officer, the mayor, or ranking elected official.