

AI #12033

Jonathan



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MDEQ

MISSISSIPPI DEPARTMENT 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 0028

## 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 2 within 30 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 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: Al Hankins, Jr. - Owner and President

COMPANY NAME: Hankins Lumber Company, Inc.

STREET OR P.O. BOX: 496 Nat G. Trout Road

CITY: Elliott STATE: Mississippi ZIP: 38926

PHONE NUMBER (INCLUDE AREA CODE): 662-226-2961

### FACILITY INFORMATION

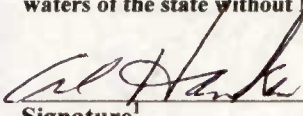
FACILITY NAME: Hankins Lumber Company, Inc.  
CONTACT NAME & POSITION: Mr. Steve Howell – Environmental Manager  
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-226-2961  
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2 4 2 1 Sawmills and Planing Mills  
PHYSICAL SITE ADDRESS: STREET: 496 Nat G. Trout Rd.  
CITY: Elliott COUNTY: Grenada ZIP: 38926  
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
LATITUDE: 33 degrees 41 minutes 28 seconds LONGITUDE: 89 degrees 45 minutes 01 seconds

### WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 1  
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: 33 degrees 41 minutes 11 seconds  
LONGITUDE: 89 degrees 44 minutes 49 seconds  
RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.): Unnamed ditch to Batupan Bogue Creek

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.

  
Signature

6/3/11  
Date

Al Hankins, Jr.  
Printed Name

Owner and President  
Title

<sup>1</sup>This form 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.

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

**HANKINS LUMBER COMPANY, INC.**  
P. O. BOX 1397 GRENADA, MS 38902-1397  
PH. (662) 226-2961 FAX (662) 226-6404

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June 1, 2011

Chief, Environmental Permits Division  
Miss. Dept. of Environmental Quality, Office of Pollution Control  
P. O. Box 2261  
Jackson, MS 39225-2261

Dear Sir or Madam:

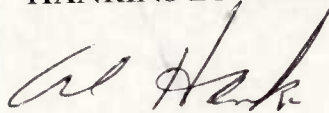
Re: Wet Deck Log Spray with Recirculation Recoverage  
General Permit Number MSG170028

Enclosed please find this facility's Recoverage Form to continue to participate in the General Permit for Wet Deck Log Spray with Recirculation operations.

Thank you for your attention to this matter. If you have any questions, please call our environmental consultant, Mary Pat Roche of Roche Environmental Services at 770-840-0405 or Steve Howell at the above-listed number.

Sincerely,

**HANKINS LUMBER COMPANY, INC.**



Al Hankins, Jr.  
President

Enclosures

**RECEIVED**

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Dept of Environmental Quality  
Office of Pollution Control