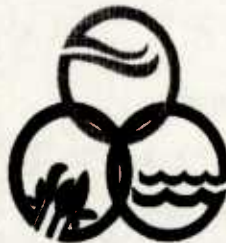


AI #14834

Jonathan



RECEIVED

JUN 10 2011

Dept of Environmental Quality

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 0053

## 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: KEYWARD WALKER, JR PRESIDENT / CEO

COMPANY NAME: FULGUM RIBBLE, INC

STREET OR P.O. BOX: P.O. BOX 15395

CITY: ANGUSTA STATE: GA ZIP: 30919

PHONE NUMBER (INCLUDE AREA CODE): (706) 651-1000

**FACILITY INFORMATION**

FACILITY NAME: FULGHUM FIBRES, INC. MERIDIAN

CONTACT NAME & POSITION: Jimmy Ray Downey - MANAGER

CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 485-5173

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2421 (WOOD PROCESSING)

PHYSICAL SITE ADDRESS: STREET: 4200 N FRONTAGE ROAD

CITY: Meridian COUNTY: LAUDERDALE CO. ZIP: 39304

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
 LATITUDE: 32 degrees 21 minutes 02 seconds      LONGITUDE: 88 degrees 43 minutes 15 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: 32 degrees 21 minutes 02 seconds

LONGITUDE: 88 degrees 43 minutes 15 seconds

RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.):  
SOWASHEE 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.

Heyward Wells Jr  
 Signature

HEYWARD WELLS, JR  
 Printed Name

6/9/2011  
 Date

PRESIDENT / CEO  
 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