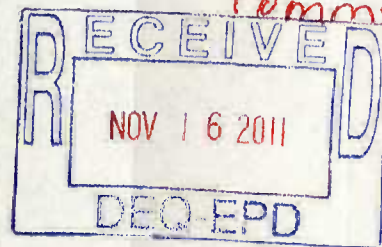


AI #1659



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 0 0 9 1

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): Yes, an expansion of the existing wet deck, pond and new well.

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Aubrey Hill
COMPANY NAME: Monticello Forest Products Corp.
STREET OR P.O. BOX: P.O. Drawer 789
CITY: Monticello STATE: MS ZIP: 39654
PHONE NUMBER (INCLUDE AREA CODE): 601-587-2516

FACILITY INFORMATION

FACILITY NAME: Monticello Forest Products Corp
CONTACT NAME & POSITION: Aubrey Hill
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-587-2516
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
2 4 1 1 Logging
PHYSICAL SITE ADDRESS: STREET: 447 N A Sandifer Hwy.
CITY: Monticello COUNTY: Lawrence ZIP: 39654
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
LATITUDE: 31 degrees 37 minutes 07 seconds LONGITUDE: 90 degrees 06 minutes 06 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 001
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: 31 degrees 37 minutes 2.9 seconds
LONGITUDE: 90 degrees 06 minutes .20 seconds
RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL):
Discharges into unnamed tributary and then into the Pearl River

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.

Aubrey Hill
Signature

Aubrey Hill
Printed Name

7/1/11
Date

Authorized Official
Title

¹This 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



RECEIVED

NOV 16 2011

Dept of Environmental Quality

RE-COVERAGE FORM ADDENDUM

FOR PROPOSED EXPANSION ACTIVITIES

GENERAL NPDES PERMIT COVERAGE NO. MSG17 0 0 9 1

INSTRUCTIONS

Submittals with this addendum must include an United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least ½ mile beyond the site's property boundary and a drawing showing the dimensions of the wet deck recirculation pond(s) and the timber wet storage area(s). Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

For expanding facilities, detailed plans and specifications must be submitted for the wet deck log spray recirculation pond(s) by a registered Professional Engineer. Also, contiguous landowner notification forms, the proof of publication in a local newspaper, and the acceptance letter from a local library must also be provided as outlined in Activity 4, Conditions S-2 and S-3 of the general permit.

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

THE APPLICANT IS ☒ OWNER OR ☐ OPERATOR? (CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name & Position: Aubrey Hill

Owner Company Name: Monticello Forest Products

Owner Street or (P.O. Box): P.O. Drawer 789

Owner City: Monticello State: MS Zip: 39654

Owner Phone Number (Include Area Code): 601-587-2516

RECEIVED

NOV 16 2011

Dept of Environmental Quality

OPERATOR INFORMATION (if different than owner)

Operator Contact Name & Position: _____

Operator Company: _____

Operator Street (P.O. Box): _____

Operator City: _____ State: _____ Zip: _____

Operator Phone Number (Include Area Code): _____

FACILITY INFORMATION

Facility Name: Monticello Forest Products

Nature of Business (Include 4 – digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 2 4 1 1 Logging

Physical Site Address (if not available indicate the nearest named road):

Street: 447 N A Sandifer Hwy. City: Monticello

County: Lawrence Zip: 39654

Geographic Position:

Latitude: 31 degrees 37 minutes 07 seconds

Longitude: 90 degrees 06 minutes 06 seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

How many outfalls/release points are eligible for coverage? 001

Siting Criteria:

MDEQ considers wet deck log spray recirculation systems to be wastewater treatment systems. According to the "State of Mississippi Wastewater Regulations", wastewater treatment systems must be 150 feet from the nearest adjoining property line unless the property is zoned for commercial or industrial use or is being used as such.

Will the pond(s) and timber wet storage area(s) meet the siting criteria: ☒ Yes ☐ No

If no, is adjoining property zoned for commercial or industrial use or being used as such? ☐ Yes ☐ No

If siting criteria cannot be met, please complete a Property Line Buffer Zone Waiver Form. This form can be found on MDEQ's website at MDEQ - Timber and Wood Products Branch webpage or be obtained from MDEQ Environmental Permits Division by calling (601) 961-5623.

Corps of Engineer Section 404 Permit Criteria:

Is the project rerouting, filling or crossing a water conveyance of any kind (Yes or No)? no (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements).

If the project requires a Corps of Engineer Section 404 Permit, provide appropriate documentation with this application that:

- The project has been approved by individual permit, or
- The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or
- The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required

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: 31 degrees 37 minutes 2.9 seconds

Longitude: 90 degrees 06 minutes .20 seconds

Receiving Stream(s) (If more than one outfall is covered, indicate the respective receiving stream for each outfall.):

Discharges into unnamed tributary and then into the Pearl River

**DOCUMENTATION OF COMPLIANCE WITH OTHER
REGULATIONS/REQUIREMENTS**

Is this addendum for a facility that will require other permits as part of this expansion? ☒ Yes ☐ No If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):

Wet Deck Log Spray with Recirculation, To Divert or withdraw For Beneficial Use The State Waters

How will sanitary sewage be collected and treated? Private Septic system reg. by Health Department

Will the facility route boiler blowdown, exterior equipment or exterior vehicle washwater, or any other type wastewater to the wet deck log spray recirculation pond(s)? ☐ Yes ☒ No If yes, please indicate in gallons per day the volume of each wastestream. (Please be aware that facilities which route exterior equipment or exterior vehicle washwater where detergents or other chemicals are being used are not eligible to obtain coverage under this general permit.):

CERTIFICATION

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.

Aubrey Hill
Signature (Must be signed by operator when different than owner)

Aubrey Hill

Printed Name

7/11/11
Date Signed

Authorized Official

Title

This application 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:

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