



WET DECK LOG SPRAY GENERAL PERMIT (WDLSP) RECOVERAGE FORM

INSTRUCTIONS

All questions must be answered for this Recoverage Form to be considered complete. If an item does not apply, enter "N/A" for not applicable to show that you considered the question.

The applicant must be the owner and/or operator of the property (i.e., the legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant).

Registration with Mississippi Secretary of State: If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of registration with the Mississippi Secretary of State and/or the Certificate of Good Standing (official or unofficial copy). This registration or Certificate of Good Standing must be dated within 12 months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Submittal Requirements: For recoverage under this general permit, this form must be completed and returned to MDEQ **within 60 days** of the date of the Letter of Instruction for Recoverage. For other NOI submittal deadlines see Condition S-3 of ACT 2, of the WDLSP. All forms must be submitted online at www.mdeq.ms.gov/wdlsqp or via hard copy to:

Water II Branch Manager, Environmental Permits Division
Mississippi Department of Environmental Quality
PO Box 2261
Jackson, MS 39225-2261

Storm Water from Industrial Activities and the Storm Water Pollution Prevention Plan (SWPPP): Discharges of storm water exposed to industrial activities and allowable non-storm water discharges identified in ACT 1, T-2(6), that do not drain to and discharge from the WDLSP recirculation pond that were previously covered under the Industrial Stormwater General Permit (ISGP) are now covered under this GP. A SWPPP for these industrial storm water discharges must be submitted with the Recoverage Form. If an electronic copy is submitted, a hard copy should also be mailed to the address above for MDEQ's files.

Storm Water from Construction Activities: Construction activities including clearing, excavating, and other land disturbing activities equal to or greater than one (1) acre but less than five (5) acres require compliance with the Small Construction General Permit and completion of a Small Construction Notice of Intent (SCNOI). Construction activities equal to or greater than five (5) acres require compliance with the Large Construction General Permit and submittal of a Large Construction Notice of Intent (LCNOI). These General Permits, NOIs, and other required forms can be found at the following link: www.mdeq.ms.gov/generalpermits/.

Notice of Termination: If the facility is out of business or no longer active, please request termination of coverage by completing the Notice of Termination (NOT) Form found at www.mdeq.ms.gov/wdlsqp. Facilities that continue to discharge wastewater and/or stormwater without applicable permit coverage are in violation of state law. This Recoverage Form is not required to be submitted if the facility is submitting a request for termination of coverage.



WET DECK LOG SPRAY RECOVERY FORM



CURRENT COVERAGE NO.: MSG17 _ _ _ _

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage)

Legal Company Name: _____ Facility Name: _____

Contact Name and Position: _____

Contact Area Code and Phone Number: (____) ____ - ____ Contact Email: _____

Primary SIC Code: (____) Primary NAICS Code (6-digit): (_____)

Physical Site Address - Street: _____

City: _____ State: ____ Zip: _____ County: _____

Mailing Address - Street: _____

City: _____ State: ____ Zip: _____

Provide the coordinates of the Plant Entrance:

Latitude: ____ degrees ____ minutes ____ seconds Longitude: ____ degrees ____ minutes ____ seconds

Identify boiler blowdown, exterior equipment and vehicle wash waters, or engine washing waters and associated outfall. _____

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

Provide the coordinates of Outfall 001:

Latitude: ____ degrees ____ minutes ____ seconds Longitude: ____ degrees ____ minutes ____ seconds

Nearest named waterbody which storm water will enter: _____

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.

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

Date Signed

Printed Name

Title

Submit signed form online at www.mdeq.ms.gov/wdlsqp or a hard copy to Water II Branch Manager, EPD, MDEQ, PO Box 2261, Jackson, MS 39225