

File # 17378

Grp 20140001

MAJOR MODIFICATION FORM FOR MINING STORM WATER ACTIVITIES

MINING STORM WATER GENERAL NPDES PERMIT MSR32



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the acreage or "footprint" of an existing mining activity that discharges storm water or that has previously certified no discharge. This form and a modified Storm Water Pollution Prevention Plan (SWPPP), including an updated USGS topographic map, must be submitted when:

- SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered mining activity.
- The "footprint" identified in the original Mining Notice of Intent is proposed to be enlarged.

This form must be signed by the original coverage recipient under Mississippi's Mining Storm Water General Permit. A different operator must have storm water coverage transferred prior to storm water coverage being modified. Coverage recipients are authorized to discharge storm water associated with proposed expansions of existing mining activities, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ. If mining modifications incorporate a hydraulic dredging operation, closed loop wash operation, or a discharge of process wastewater to State waters, additional permitting actions shall be required.

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: JOEL O. SMITH
 COMPANY NAME: ODDEE SMITH CONSTRUCTION, INC.
 STREET OR P.O. BOX: PO BOX 1407
 CITY: BROOKHAVEN STATE: MS ZIP: 39602-1407
 PHONE # (INCLUDE AREA CODE): 601-833-5171

PROJECT INFORMATION

MINING STORM WATER GENERAL PERMIT COVERAGE NUMBER: MSR32 1121
 ADDITIONAL ACREAGE TO BE DISTURBED: 17 TOTAL ACREAGE: 234
 MINE or PIT NAME: Hilltop Pit MDEQ SURFACE MINING PERMIT # _____
 CITY: BROOKHAVEN COUNTY: Lincoln

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.

Joel O. Smith
 Signature (must be signed by coverage recipient)

JULY 10, 2014
 Date

Joel O. Smith
 Printed Name JOEL O. SMITH

PRESIDENT
 Title

Please submit this form to:

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

RECEIVED
JUL 14 2014
 Dept of Environmental Quality