





RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 0 1 7 7. This coverage number must be completed for the referenced mining activity or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

The submittal of this form is required to receive coverage under the reissued Mining Storm Water, Dewatering and No Discharge General Permit. This form must be completed and returned to MDEO at the address printed at the bottom of this form within 30 days of the date of the Letter of Instruction for Re-Coverage. Please indicate the activities to be covered by this Re-Coverage Form (check all that apply). Storm Water Discharges Associated with Mining Mine Dewatering Wastewater Recirculation System with No Discharge The appropriate section of this form must be completed if the applicant proposes to operate a wastewater recirculation system with no discharge and/or discharge impounded mine water (dewatering). Facilities that operate wastewater recirculation systems with no discharge under a valid "No Discharge" State Operating Permit can check the appropriate box above to request coverage for these operations under the Mining Storm Water, Dewatering and No Discharge General Permit. MDEQ will then terminate the existing "No Discharge" State Operating Permit and will extend coverage to these operations for an additional five years (until 2017) under the Mining Storm Water, Dewatering and No Discharge General Permit. Facilities discharging mine dewatering under a valid National Pollutant Discharge Elimination System (NPDES) Permit can follow the same procedure to request coverage under the Mining Storm Water, Dewatering and No Discharge General Permit. ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable) APPLICANT INFORMATION

APPLICANT IS THE ✓ LANDOWNER ✓ OPERATOR (Must check one or both) OPERATOR CONTACT PERSON: Stephen E. Robinson OPERATOR COMPANY NAME: BASF Corporation OPERATOR STREET (P. O. BOX): 600 E. McDowell Road OPERATOR CITY: Jackson ZIP: 39204 STATE: MS PHONE NUMBER: (601) 985-4847 _____ EMAIL ADDRESS: stephen.e.robinson@basf.com LANDOWNER CONTACT PERSON: Stephen E. Robinson LANDOWNER COMPANY: BASF Corporation LANDOWNER STREET (P. O. BOX): 600 E McDowell Road LANDOWNER CITY: Jackson ZIP: 39204 $_{\mathrm{STATE:}}$ MS PHONE NUMBER: (601) 985-4847 EMAIL ADDRESS: stephen.e.robinson@basf.com

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE CONTROLLING STORM WATER POLLUTANTS. ACCORDING SPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE	LY, IN ADDITION TO THE PI			
IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCA	ALLY AVAILABLE?	✓ YES	NO	
DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF PO- POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFEC		✓ YES	NO	
IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DIS SURFACE OF THE BASIN? IF <u>NO.</u> THE BASIN MUST HAVE A SU SIX (6) MONTHS FROM THE DATE OF RECOVERAGE.			. No	
IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTED A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO, A CONSTALLED WITHIN SIX (6) MONTHS OF THE DATE OF RECONSTALLED WITHIN SIX (6) MONTHS OF THE MINE BECOME INSTALLED WITHIN SIX (6) MONTHS OF THE MINE BECOME	NSTRUCTION EXIT MUST B VERAGE. IF A MINE IS CUR CONSTRUCTION EXIT MUS	E RENTLY	NO	
COMPLETE IF WASTEWATER RECIRCULATION S	SYSTEM WITH NO DISCHAR	GE COVERAGE IS REQUEST	red	
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE O	PERATING PERMIT?	YES	NO	
PERMIT NO. MSU				
DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPEI (MUST BE AT LEAST 150 FEET)	RTY LINE:(FT)			
NUMBER OF RECIRCULATION POND(S):				
STORAGE CAPACITY OF EACH RECIRCULATION POND:			(FT³)	
COMPLETE IF MINE DEWA	TEDING COVEDAGE IS DEC	DUESTED		
IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMI			NO	
PERMIT NO. MS	T OK MINE DE WATERING			
ESTIMATED DEWATERING VOLUME:				
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARG	E MONITORING REPORTS (DMRs), IF DIFFERENT FROM	I SIGNATORY:	
I certify under penalty of law that this document and all accordance with a system designed to assure that qualified penasted on my inquiry of the person or persons who manage information, the information submitted is, to the best of my there are significant penalties for submitting false informational violations.	ersonnel properly gathered the system, or those person knowledge and belief, true,	and evaluated the informat ons directly responsible for accurate and complete. I	ion submitted. gathering the am aware that	
Authorized Signature ¹	Date	Date		
Gary Miley	BASF Jackso	BASF Jackson Site Manager		
Printed Name	Title			
For a corporation, by a responsible corporate officer. For a partnership, by a general partner. For a sole proprietorship, by the proprietor. For a municipal, state or other public facility, by either a principal executive P.O.		Please submit this form to Chief, Environmental Per MDEQ, Office of Pollution P.O. Box 2261 Jackson, Mississippi 3922:	mits Division n Control	

9/25/2012