AT#5158





RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1 3 2 8. 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 MDEQ 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 | ed by this Re-Coverage Fo | rm (check all that apply). |
| Storm Water Discharges Associate | ed with Mining | Mine Dewatering |
| Wastewater Recirculation System | with No Discharge | |
| The appropriate section of this form m recirculation system with no discharge a | | |
| Facilities that operate wastewater recir State Operating Permit can check the under the Mining Storm Water, Dew terminate the existing "No Discharge" S for an additional five years (until 2017 General Permit. Facilities dischargin Elimination System (NPDES) Permit ca | e appropriate box above to watering and No Dischard State Operating Permit and 7) under the Mining Storing mine dewatering under follow the same procedu | to request coverage for these operation ge General Permit. MDEQ will then d will extend coverage to these operation Water, Dewatering and No Discharger a valid National Pollutant Discharger. |
| Storm Water, Dewatering and No Disch ALL INFORMATION MUST | | ate "N/A" where not applicable) |
| | | ate "N/A" where not applicable) |
| ALL INFORMATION MUST | BE COMPLETED (indica | |
| ALL INFORMATION MUST | BE COMPLETED (indication applicant information (Market) | |
| ALL INFORMATION MUST APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Octavais V | BE COMPLETED (indication applicant information (Malton | fust check one or both) |
| ALL INFORMATION MUST APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Octavais V OPERATOR COMPANY NAME: Martin Marie OPERATOR STREET (P. O. BOX), 3325 Padd | APPLICANT INFORMATION OPERATOR (M Walton ietta Materials, Inc F docks Parkway, Suite | Aust check one or both) R&S Sand & Gravel, LLC 350 |
| ALL INFORMATION MUST APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Octavais V OPERATOR COMPANY NAME: Martin Marie OPERATOR STREET (P. O. BOX): 3325 Padd | APPLICANT INFORMATION OPERATOR (M Walton ietta Materials, Inc F docks Parkway, Suite | Aust check one or both) R&S Sand & Gravel, LLC 350 |
| ALL INFORMATION MUST APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Octavais V OPERATOR COMPANY NAME: Martin Marie OPERATOR STREET (P. O. BOX), 3325 Padd | APPLICANT INFORMATION OPERATOR (M Walton ietta Materials, Inc F docks Parkway, Suite | Aust check one or both) R&S Sand & Gravel, LLC 350 |
| ALL INFORMATION MUST APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Octavais V OPERATOR COMPANY NAME: Martin Marie OPERATOR STREET (P. O. BOX): 3325 Pado OPERATOR CITY: Suwanee PHONE NUMBER: 678 965-8555 | APPLICANT INFORMATION OPERATOR (M. Walton ietta Materials, Inc F. docks Parkway, Suite STATE: GA EMAIL ADDRESS: OCTA | Aust check one or both) R&S Sand & Gravel, LLC 350 |
| ALL INFORMATION MUST APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Octavais V OPERATOR COMPANY NAME: Martin Mari OPERATOR STREET (P. O. BOX): 3325 Pado OPERATOR CITY: Suwanee PHONE NUMBER: 678 965-8555 LANDOWNER CONTACT PERSON: Same as | APPLICANT INFORMATION OPERATOR (M. Walton ietta Materials, Inc F. docks Parkway, Suite STATE: GA EMAIL ADDRESS: OCTA S OPERATOR (M. Walton) APPLICANT INFORMATION (M. Walton) OPERATOR (M. Walton) APPLICANT INFORMATION (M. Walton) OPERATOR (M. Walton) APPLICANT INFORMATION (M. Walton) OPERATOR (M. Walton) OPERATO | flust check one or both) R&S Sand & Gravel, LLC 350 A30024 avais.walton@martinmarietta.con |
| ALL INFORMATION MUST APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Octavais V OPERATOR COMPANY NAME: Martin Marie OPERATOR STREET (P. O. BOX): 3325 Pado OPERATOR CITY: Suwanee PHONE NUMBER: 678 965-8555 LANDOWNER CONTACT PERSON: Same as LANDOWNER COMPANY: | APPLICANT INFORMATION OPERATOR (M. Walton ietta Materials, Inc F. docks Parkway, Suite STATE: G. EMAIL ADDRESS: Octa | fust check one or both) R&S Sand & Gravel, LLC 350 A |
| ALL INFORMATION MUST | APPLICANT INFORMATION OPERATOR (M. Walton ietta Materials, Inc F. docks Parkway, Suite STATE: GA EMAIL ADDRESS: OCTA S OPERATOR (M. Walton) APPLICANT INFORMATION OPERATOR (M. Walton) APPLICANT INFORMATION (M. Walton) OPERATOR (M. Walton) APPLICANT INFORMATION (M. Walton) OPERATOR (M. Walton) | fust check one or both) R&S Sand & Gravel, LLC 350 A |



STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

| THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN SPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPI | N ADDITION TO THE P | | |
|--|--|---|--|
| IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY | AVAILABLE? | ✓ YES | NO |
| DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENT POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVE | | YES | NO |
| IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHA SURFACE OF THE BASIN? IF <u>NO.</u> THE BASIN MUST HAVE A SURFA SIX (6) MONTHS FROM THE DATE OF RECOVERAGE. | | 1.2 | A. NO |
| IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY IS A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO. A CONSTR INSTALLED WITHIN SIX (6) MONTHS OF THE DATE OF RECOVERAINACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CON INSTALLED WITHIN SIX (6) MONTHS OF THE MINE BECOMING ACTIVE. | UCTION EXIT MUST E AGE. IF A MINE IS CUI STRUCTION EXIT MU | BE RRENTLY | NO |
| COMPLETE IF WASTEWATER RECIRCULATION SYSTI | EM WITH NO DISCHAI | RGE COVERAGE IS REQUES | TED |
| IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERA | ATING PERMIT? | V YES | NO |
| PERMIT NO. MSU 0 8 1 0 6 3 | | | |
| DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY I (MUST BE AT LEAST 150 FEET) | LINE: 65 (FT |) | |
| NUMBER OF RECIRCULATION POND(S): 3 | | | |
| STORAGE CAPACITY OF EACH RECIRCULATION POND: Pond 3 - 4 | 150x400x10 or 600,000 | FT3 | (FT ³) |
| COMPLETE IF MINE DEWATERI | | | |
| IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR | | | V NO |
| PERMIT NO. MS | | | |
| ESTIMATED DEWATERING VOLUME:(GA | L/DAY) | | |
| NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MO | | (DMRs) IF DIFFERENT FROM | M SIGNATORY. |
| NAME AND ADDRESS OF THE RECIFIENT OF THE DISCHARGE MO | NITORING REPORTS | DMRs), IF DIFFERENT FROM | vi signatori: |
| | | <u> </u> | |
| | | | |
| I certify under penalty of law that this document and all attacaccordance with a system designed to assure that qualified person Based on my inquiry of the person or persons who manage the information, the information submitted is, to the best of my know there are significant penalties for submitting false information, i violations. Authorized Signature | nel properly gathered system, or those pers ledge and belief, true | and evaluated the informations directly responsible for accurate and complete. It yof fine and imprisonment | tion submitted. r gathering the am aware that |
| Joseph H. Reilly | President - S | outheast Division | |
| Printed Name | Title | | |
| This application shall be signed according to the General Permit, Act 15, T— 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 exofficer, the mayor, or ranking elected official. | | Please submit this form t Chief, Environmental Per MDEQ, Office of Pollutio P.O. Box 2261 Jackson, Mississippi 3922 | rmits Division on Control |

9/25/2012