



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE

GENERAL PERMIT: MSR32 1 7 3 3. 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 c.		
Dewatering and No Discharge Generathe address printed at the bottom of the Coverage.	ired to receive coverage ral Permit. This form mu his form within 30 days o	under the reissued Mining Storm Water ust be completed and returned to MDEQ a f the date of the Letter of Instruction for Re-
Please indicate the activities to be cove Storm Water Discharges Associa Wastewater Recirculation System	ered by this Re-Coverage	Form (check all that apply). Mine Dewatering
The appropriate section of this form n recirculation system with no discharge	nust be completed if the a and/or discharge impound	
terminate the existing "No Discharge" of for an additional five years (until 2017) General Permit. Facilities discharging Elimination System (NPDES) Permit can Storm Water, Dewatering and No Discharge and No Di	vatering and No Dischar State Operating Permit and Ty under the Mining Storing ing mine dewatering under In follow the same procedure arge General Permit. BE COMPLETED (indicated)	o discharge under a valid "No Discharge" to request coverage for these operations rge General Permit. MDEQ will then ad will extend coverage to these operations rm Water, Dewatering and No Discharge er a valid National Pollutant Discharge ure to request coverage under the Mining atte "N/A" where not applicable)
APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Fred Fayar	APPLICANT INFORMATION OPERATOR (M	lust check one or both)
OPERATOR COMPANY NAME: F & F CONST	ruction. Inc	
OPERATOR STREET (P. O. BOX): 21525 Blac	kwell Farm Road	
OPERATOR CITY: Saucier	STATE: MS	
PHONE NUMBER: (228) 831-3426		z _{IP:} 39574
LANDOWNER CONTACT PERSON: Fred Faya		. Jeneonstructioninc.com
LANDOWNER COMPANY: F & F Construction		
LANDOWNER STREET (P. O. BOX): 21525 Blad		
LANDOWNER CITY: Saucier		
PHONE NUMBER: (228, 831-3426	STATE: MS	ZIP: 39574
	EMAIL ADDRESS: Mayarc	d@ffconstructioninc.com

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

DORM WATER POLI	LITION PREVENTION PLAN	(SWDDD)	
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONS CONTROLLING STORM WATER POLLUTANTS. ACCORDIN SPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN TH	ITE OR LOCALLY AVAILABI		DEFFECTIVE IN T BMPS, TWO (2)
	L SWITE,		, -, -, (2)
IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LO		✓ Y	ES NO
DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF P POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFE	OTENTIAL STORM WATER		ES NO
IF A SEDIMENTATION BASIN IS A PROJECT POR			
SIX (6) MONTHS FROM THE DATE OF RECOVERAGE.	SURFACE DISCHARGE WITH	UN VE	S or N.A. NO
IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRI IS A CONSTRUCTION EXIT AN INSTALLED BMP? IF <u>NO</u> , A CO INSTALLED WITHIN SIX (6) MONTHS OF THE DATE OF RECO INACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THI INSTALLED WITHIN SIX (6) MONTHS OF THE MINE BECOME	OVERAGE. IF A MINE IS CUE	F	S or N.A. NO
COMPLETE IF WASTEWATER RECIRCULATION	SYSTEM WITH NO DISCHAR	GF COVERACE IS NO	
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE O	DED ATING PER		
PERMIT NO. MSU		VES	s 🗸 No
DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPE (MUST BE AT LEAST 150 FEET)	RTY LINE:(FT)		
NUMBER OF RECIRCULATION POND(S):			
STORAGE CAPACITY OF EACH RECIRCULATION POND:			
			(FT ³)
COMPLETE IF MINE DEWA	TERING COVERAGE IS REOU	ESTED	
S MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT	FORMAN		
PERMIT NO. MS	FOR MINE DEWATERING?	YES	No
STIMATED DEWATERING VOLUME:	(GAL/DAY)		
AME AND ADDRESS OF THE RECIPIENT OF THE DISCUARGE	***		
AME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE	MONITORING REPORTS (DA	IRs), IF DIFFERENT I	FROM SIGNATORY:
certify under penalty of law that this document and all a coordance with a system designed to assure that qualified per-	ttachments were proposed		
ased on my inquiry of the person or persons who manage t	sonnel properly gathered an	d evaluated the infe-	or supervision in
IVE Mation, the information submitted in A	a curac her anila	uirectly responsible	for authoring the
formation, the information submitted is, to the best of my kn ere are significant penalties for submitting false information plations.	owledge and belief, true, ac	curate and complete	. I am aware that
plations.	, including the possibility of	of fine and imprison	ment for knowing
tood treva			
The Dece	10/31/2017		
uthorized Signature	Date		
Fred Form			
inted Name	President Title		
is application shall be signed according to the General Permit. Act 15, For a corporation, by a responsible corporate officer.		lease submit this form	m to:
For a partnership, by a general partner.			
For a sole proprietorship, by the proprietor		hief, Environmental I	Permits Division
ror a municipal, state or other public facility, by either a principal executive		DEQ, Office of Pollu O. Box 2261	tion Control

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P.O. Box 2261 Jackson, Mississippi 39225