

AI #17699

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APR 13 2018

Dept. of Environmental Quality



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# RE-COVERAGE FORM

## MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1128 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 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).

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (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.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

### APPLICANT INFORMATION

APPLICANT IS THE  OWNER  OPERATOR (Must check one or both)

OPERATOR CONTACT PERSON: LEE McCOY

OPERATOR COMPANY NAME: McCOY GRAVEL, LLC

OPERATOR STREET OR P. O. BOX: 1215 MAIN STREET SOUTH

OPERATOR CITY: MENDENHALL STATE: MS ZIP: 39114

OPERATOR PHONE #: (601) 847-5967 OPERATOR EMAIL: KD5WMI@YAHOO.COM  
601-214-0974 CELL

OWNER CONTACT PERSON: LEE McCOY

OWNER COMPANY: (SAME AS ABOVE) N/A

OWNER STREET OR P. O. BOX: N/A SAME AS ABOVE

OWNER CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER PHONE #: ( ) \_\_\_\_\_ OWNER EMAIL: \_\_\_\_\_

SAME AS ABOVE

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING?

YES

NO

PERMIT NO. MS \_\_\_\_\_

ESTIMATED DEWATERING VOLUME: \_\_\_\_\_ (GAL/DAY)

NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY:

\_\_\_\_\_  
\_\_\_\_\_

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 fine and imprisonment for knowing violations.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

This application shall be signed according to the General Permit, Act 15, T-4 as follows:

- 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 officer, the mayor, or ranking elected official.
- Duly Authorized Representative

Please submit this form to:

Chief, Environmental Permits Division  
MDEQ, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225



**F0100**

**2017255337**

**Fee: \$ 50**



**Business ID: 1130915**  
**Filed: 10/25/2017 09:50 AM**  
**C. Delbert Hosemann, Jr.**  
**Secretary of State**

**DELBERT HOSEMANN**  
*Secretary of State*

**P.O. BOX 136**  
**JACKSON, MS 39205-0136**

**TELEPHONE: (601) 359-1633**

**Mississippi Limited Liability Company Certificate of Formation**

**Business Information**

***Business Type:*** Limited Liability Company  
***Business Name:*** McCoy Gravel, LLC  
***Business Email:*** Kd5WMI@yahoo.com  
***Future Effective Date:*** 11/10/2017

**NAICS Code/Nature of Business**

212321 - Construction Sand and Gravel Mining

**Registered Agent**

***Name:*** Lee Bertram McCoy Jr  
***Address:*** 1215 Main Street South  
Mendenhall, MS 39114

**Signature**

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **10/24/2017**.

***Name:***  
Lee Bertram McCoy Jr  
*Member*

***Address:***  
1215 Main Street South  
Mendenhall, MS 39114

# State of Mississippi

## Certificate of Formation

Acting under the authority vested in me as Secretary of State by the Constitution and Laws of this State,  
I do hereby certify the following has satisfied all conditions precedent for formation in this State.

McCoy Gravel, LLC



Given this the 25th day of October, Two Thousand and  
Seventeen, in the Capital City of Jackson, Mississippi  
under my Hand and Seal,

*C. Delbert Rosemann, Jr.*

C. DELBERT ROSEMAN, JR.  
Secretary of State



MINE INFORMATION

MINE SITE NAME: Mc Coy PIT

CONTACT NAME & POSITION: LEE Mc Coy

CONTACT PHONE NUMBER: ( 601 ) 847-5962 / 601-214-0974

MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: A. B. WILLIAMSON ROAD

CITY: MENDENHALL COUNTY: MS ZIP: 39114

ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).

SE 1/4 OF SE 1/4 OF SECTION 33, TOWNSHIP 1N, RANGE 4E

LATITUDE: 31 DEGREES 52 MINUTES 42 SECONDS N LONGITUDE: 89 DEGREES 53 MINUTES 35 SECONDS W

LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): 31°52'35"N; 89°53'22"W

TOTAL ACREAGE: 4 MATERIAL TO BE MINED: CLAY GRAVEL, SAND, & FILL DIRT

ESTIMATED START DATE: 4/11/2018 ESTIMATED END DATE: TBD  
YYYY-MM-DD YYYY-MM-DD

SIC CODE \_\_\_\_\_ NAICS CODE \_\_\_\_\_

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S CURRENT BMPS, TWO (2) SPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.

IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?  YES  NO

DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?  YES  NO

IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF NO, THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERY. N/A YES or N.A.  NO

IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, IS A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO, A CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE DATE OF RECOVERY. IF A MINE IS CURRENTLY INACTIVE, BUT IS SUBMITTING A RECOVERY FORM, THE CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.  YES or N.A.  NO

IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY? N/A YES  NO

IS MINE DEWATERING PRESENT ON SITE? N/A YES  NO

IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW

IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT? N/A  YES  NO

PERMIT NO. MS \_\_\_\_\_

DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: \_\_\_\_\_ (FT)  
 (MUST BE AT LEAST 150 FEET)

NUMBER OF RECIRCULATION POND(S): \_\_\_\_\_

STORAGE CAPACITY OF EACH RECIRCULATION POND: \_\_\_\_\_ (FT<sup>3</sup>)