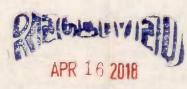
AT#51855







RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 <u>7</u> <u>3</u> <u>6</u> <u>9</u>. 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 wastewate recirculation system with no discharge and/or discharge impounded mine water (dewatering).	er
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	2
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 SOWNER OPERATOR CONTACT PERSON: James & Ray mond	
OPERATOR CONTACT PERSON: James E Ray mond	-
OPERATOR COMPANY NAME: NA	-
OPERATOR STREET OR P. O. BOX: 1092 White Rd (address Changed from 1084)	
OPERATOR CITY: Florence STATE: MS ZIP: 59073	_
OPERATOR CONTACT PERSON: OPERATOR COMPANY NAME: MA OPERATOR STREET OR P. O. BOX: OPERATOR CITY: OPERATOR CITY: OPERATOR PHONE #: (601) 750 1782 OPERATOR EMAIL: OPERATOR EMAIL: OPERATOR PHONE #: (601) 750 1782 OPERATOR EMAIL: OPERATOR EMAIL: OPERATOR EMAIL: OPERATOR CONTACT PERSON: OPERATOR	7
OWNER CONTACT PERSON: _ Same as Above	_
OWNER COMPANY:	_
OWNER STREET OR P. O. BOX:	_
OWNER CITY: STATE: ZIP:	_
OWNER PHONE #: () OWNER EMAIL:	
OWNER PHONE #:	



IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FO	OR MINE DEWATERING	? YES NO	,		
346					
PERMIT NO. MS					
ESTIMATED DEWATERING VOLUME:(G.	AL/DAY)				
NAME AND ADDRESS OF THE DECIDIENT OF THE DISCHARGE AND					
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MO	DNITORING REPORTS	DMRs), IF DIFFERENT FROM SIGN	ATORY:		
I certify under penalty of law that this document and all attachments were	orenared under my directi	on or currentiation in accordance 144			
TO ASSULT WAL QUARTICU DELYONDEL DEODERIV GAINERED and evaluated the infor	mation cubmitted Daniel				
of those persons directly responsible for gathering the information	130 Buller mallem culture time!	in to the book of a to the			
and examplete. Tam aware that there are significant penalties for submitting	false information, includi	ng the possibility of fine and imprisonm	ent for beauti		
violations.		on the possibility of thic and imprisoning	ent for known		
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150.7	9/15/2	010			
Authorized Signature ¹	Date				
17 10 1		/			
V James F. Raymond	1	1 aprata			
	- Owner /	0/40101			
Printed Name	Title /				
This application shall be signed as a little of the					
This application shall be signed according to the General Permit, Act 15, T-	4 as follows:	Please submit this form to:			
For a corporation, by a responsible corporate officer.					
For a partnership, by a general partner.		Chief, Environmental Permits Div	vision		
For a sole proprietorship, by the proprietor.		MDEQ, Office of Pollution Contro			
For a municipal, state or other public facility, by either a principal e	xecutive	P.O. Box 2261	,		
officer, the mayor, or ranking elected official.					
- Duly Authorized Representative		Jackson, Mississippi 39225			