



#### **RE-COVERAGE FORM**

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

GENERAL PERMIT: MSR32 <u>0</u> <u>3</u> <u>0</u> <u>3</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 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 (Must check one or both)
OPERATOR CONTACT PERSON: Burney F. Tweadgill
OPERATOR COMPANY NAME: 5 and 4 and Properties, LLC
OPERATOR STREET OR P. O. BOX: P. O. BOX 16909, Jack 504, M. S. 39236  OPERATOR CITY: Jack 504  STATE: M. S. ZIP: 39236
OPERATOR PHONE #: (601) 317 - 8033 OPERATOR EMAIL: bfthreade gmail.com
OWNER CONTACT PERSON: Burney F. Threadgill
OWNER CONTACT PERSON: Burney F. Threadgill OWNER COMPANY: Sandyland Properties, LLC
OWNER COMPANY: Sandyland Properties, LLC OWNER STREET OR P. O. BOX: P. D. BOX 16909.
OWNER CONTACT PERSON:  OWNER COMPANY:  Sandyland Proferties, LLC  OWNER STREET OR P. O. BOX: P. D. BOX 16909  OWNER CITY:  OWNER CITY:  Jartson  STATE:  M5  ZIP: 39236  OWNER PHONE #: (601) 317-8033 OWNER EMAIL: bftweadegmail-com

#### IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

ESTIMATED DEWATERING VOLUME:
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, accurat and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowin
violations.
/mm + / madare 4/12/2018
Authorized Signature <sup>1</sup> Date /
Burnese & Threadeill Manager
Printed Name Title
<sup>1</sup> 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 Division
For a sole proprietorship, by the proprietor.  MDEQ, Office of Pollution Control
officer, the mayor, or ranking elected official.  Duly Authorized Representative

**Duly Authorized Representative** 

### F0108

Fee: \$

### 2018011619



DELBERT HOSEMANN Secretary of State Business ID: 630317 Filed: 01/16/2018 12:08 PM C. Delbert Hosemann, Jr. Secretary of State

TELEPHONE: (601) 359-1633

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

### 2018 LLC Annual Report

#### **Business Information**

Business ID: 630317

State of Incorporation: MS

**Phone:** (\*\*\*)\*\*\*-\*\*\*

FEIN: \*\*-\*\*\*\*\*

Business Name: SANDYLAND PROPERTIES,

LLC

Business Email: BNation@WRNation.com

Principal Address:

1940 Bellewood Road, P.O. Box 16909

Jackson, MS 39236

#### **Registered Agent**

Name:

BURNEY F THREADGILL

Address:

1940 Bellewood Road; PO Box 16909

Jackson, MS 39236

#### Managers and Members

#### Members

Name:

William R Nation

Member

Address:

P. O. BOX 4625

JACKSON, MS 39296

Officers		D:
Title/Name:	Address:	Director:
President:		
Vice President:		
Secretary:		
Treasurer:		
☐ This LLC has a written Opera	ting Agreement.	
NAICS Code/Nature of Busine 212320 - Invalid NAICS Code	<u>ss</u>	

#### **Signature**

Officers

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 01/16/2018.

Name:Address:William R NationP.O. Box 4625MemberJackson, MS 39296

# Officers List

Name:

William R Nation

Member

Address:

P. O. BOX 4625

JACKSON, MS 39296



#### DELBERT HOSEMANN Secretary of State

This is not an official certificate of good standing.

Name History

Name

Name Type

SANDYLAND PROPERTIES, LLC

Legal

**Business Information** 

**Business Type:** 

Limited Liability Company

**Business ID:** 

630317

Status:

Good Standing

**Effective Date:** 

05/20/1996

State of Incorporation:

Mississippi

**Principal Office Address:** 

1940 Bellewood Road, P.O. Box 16909

Jackson, MS 39236

Registered Agent

Name

BURNEY F THREADGILL 1940 Bellewood Road;PO Box 16909 Jackson, MS 39236

Officers & Directors

Name

Title

William R Nation P. O. BOX 4625

JACKSON, MS 39296

Member

BURNEY F THREADGILL 248 E CAPITOL ST #730 JACKSON, MS 39201

Tweadail MINE INFORMATION				
MINE SITE NAME: 4 PO2-15				
CONTACT NAME & POSITION: Burney Threadgill, owner				
CONTACT PHONE NUMBER: (60) 317-8033				
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		TOTAL PARTY		
STREET: 3 andy/and Road		-		
CITY: Macen COUNTY: Noxybee	ZIP:	484		
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUN the Mississippi Office of Geology. For information call 601-961-5523).  5 W 1/4 OF 5 W 1/4 OF SECTION 26, TOWNSHIP 16 W, RANGE 1915		be obtained from		
		COMPG		
LATITUDE: DEGREES MINUTES SECONDS LONGITUDE: DEGREES	MINUTES SE	CONDS		
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):		The state of the s		
TOTAL ACREAGE: 20 Acs MATERIAL TO BE MINED: Clay grave!				
ESTIMATED START DATE: 2000 YYYY-MM-DD ESTIMATED END DATE: 20	30 (-MM-DD			
SIC CODENAICS CODE				
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DA CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S C BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.	TE AND EFFECTI URRENT BMPS, TY	VE IN WO (2) SPECIFIC		
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 <u>NO</u> , THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERAGE.	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 RECOVERAGE. IF A MINE IS CURRENTLY INACTIVE, BUT IS SUBMITTING A RECOVERAGE 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?	YES	NO		
IS MINE DEWATERING PRESENT ON SITE?	VES	MNO		
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW				
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	YES	NO		
PERMIT NO. MS		The state of the s		
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> )		