

## RECEIVED APR 17 2018

Dept. of Environmental Quality

## **RE-COVERAGE FORM**

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

GENERAL PERMIT: MSR32 1541. 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   | 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 trecirculation system with no discharge and/or discharge impoun  | he annicost                                   |
| recirculation system with no discharge and/or discharge impoun   | ded mine water (downty)                       |
| If the company seeking coverage :  | water (dewatering),                           |
| If the company seeking coverage is a corporation, a limited liabil attach proof of its registration with the Mississippi Secretary of S  | lity company, a partnership, or a business to |
| TAILS I VEISU AUTH OF LAPINIA ON OF CO. 10.  |   |
| This registration or Certificate of Good Standing must be dated submittal of this coverage form. Coverage will be issued in the coverage will be a coverage will be in the coverage will be a coverage will be | within twelve (12) months of the date of the  |
| submittal of this coverage form. Coverage will be issued in the community of State.  | ompany name as it is registered with the      |
|  |   |
| ALL INFORMATION MUST BE COMPLETED (in  | dicate "N/A" where not applicable             |
| APPLICANT INFORMA  | riox  |
| APPLICANT IS THE OWNER   |   |
| OPERATOR CONTACT PERSON:   | Must check one or both)                       |
| OPERATOR COMPANY   |   |
| OPERATOR COMPANY NAME: Hammett Gravel C  | o. Iuc.                                       |
| The street of the street of  |   |
|  | Acc   |
| OPERATOR PHONE #: 667, 824-18/7  | TE: 145 ZIP: 39095                            |
| A / 2: OPERATOR EMA  | IL: Ken. MCCarley@ hacumet-                   |
| OPERATOR CITY: Lexington STA  OPERATOR PHONE #: (662) 834-1867 OPERATOR EMA  OWNER CONTACT PERSON: Butch Gary  OWNER COMPANY: NA   | graver.com                                    |
| WNED COMPANY A/A   |   |
| 22: VI   |   |
| WNER STREET ORP. O. BOX: 110 Fletchers Clas  | Del Road                                      |
| WNERCHY: 12200 City  | MC  |
| WNER STREET ORP. O. BOX: 2710 Fletchers Classes WNER CITY: 2700 City STATE: WNER PHONE #: (642) 571-3763 OWNER EMAIL: 4  | ZIP: 39194                                    |
| OWNER EMAIL:   | u/(noter                                      |
|  |   |
|  |   |
|  |   |

| IF CHECKED YES TO MINE DEWATERING   | FHI OUT BELOW  |
|---|--|
| PERMIT NO. MS   | TERING? YES YES  |
| I certify under penalty of law that this document and all attachments were prepared under my system, or those persons discord properly gathered and evaluated the information submitted.  | direction or supervision in accordance with a system desi  |
| Authorized Signature Date  Len McCorley  Finted Name  Title   | including the possibility of fine and imprisonment for kno |
| 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. | Please submit this form to:                                |

| MINE INFORMS   | ATION                                    |         |  |  |
|--|--|---------|--|--|
| MINE SITE NAME: Erickson-Gary Mine   |  |         |  |  |
| CONTACT NAME & POSITION: Ken McCarley  |  |         |  |  |
| CONTACT PHONE NUMBER: (601) 955-4791   |  |         |  |  |
| MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):   |  |         |  |  |
| STREET: Fletchers Chapel Road  |  |         |  |  |
| STREET: Fletchers Chapel Road  CITY: 12200 City COUNTY: 12200 ZIP: 39194   |  |         |  |  |
| ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).  |  |         |  |  |
|  |  |         |  |  |
| LATITUDE: 32 DEGREES 45 MINUTES 3 SECONDS LONGITUDE: 90 DEGREES 21 MINUTES 22 SECONDS  |  |         |  |  |
| LAT & LONG DATA COURCE (CRO (DI ELOS CRO CRO)  |  |         |  |  |
| TOTAL ACREAGE: 48 MATERIAL TO BE MINED: SAND & Grave 1   |  |         |  |  |
| TOTAL ACREAGE: 48  MATERIAL TO BE MINED: 52M 4 GY2Ve    ESTIMATED START DATE: 01/2005  SIC CODE 1442  NAICS CODE 213221  |  |         |  |  |
| SIC CODE 1442 YYYY-MM-DD NAICS   | CODE 2/32 Z/                             |         |  |  |
|  |  |         |  |  |
| STORM WATER POLLUTION PREVENTION PLAN (SWPPP)  THE GENERAL PERMIT REQUIRES THE SWIPPING RE-  |  |         |  |  |
| 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 AVAILAB  | 123                                      | □NO     |  |  |
| DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STOR POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL T   | RM WATER YES THEM?                       | NO      |  |  |
| IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONL SURFACE OF THE BASIN? IF $\underline{NO}$ , THE BASIN MUST HAVE A SURFACE DISCHEROM THE DATE OF RECOVERAGE.   | Y FROM THE NAME IARGE IMMEDIATELY YES OF |         |  |  |
| IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAIS A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO, A CONSTRUCTION E INSTALLED IMMEDIATELY OF THE DATE OF RECOVERAGE. IF A MINE IS CONSTRUCTIVE. BUT IS SUBMITTED.   | EXIT MUST BE                             | N.A. NO |  |  |
| INACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION INSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.   | ON EXIT MUST BE                          |         |  |  |
| IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED  | ON THE FACILITY? YES                     | PNO     |  |  |
| IS MINE DEWATERING PRESENT ON SITE?  | YES                                      | No      |  |  |
| Park of the second seco |  |         |  |  |
| IF CHECKED YES TO WASTERWATER RECIRCULATION SYST   | FEM WITH NO DISCHARGE, FILL OU           | L BELOW |  |  |
| IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PER   |  | No      |  |  |
| PERMIT NO. MS  |  |         |  |  |
| DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE:<br>MUST BE AT LEAST 150 FEET)  | (FT)                                     |         |  |  |
| NUMBER OF RECIRCULATION POND(S):   |  |         |  |  |
| STORAGE CAPACITY OF EACH RECIRCULATION POND:   |  | (FT³)   |  |  |