ATT#69063





RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 $\geq \leq 1/2$. 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 recirculation system with no discharge and/or discharge impounded	applicant proposes to operate a wastewater ed 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 w	thin 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 (inc	licate "N/A" where not applicable)			
APPLICANT INFORMATI	ON			
APPLICANT IS THE OWNER OPERATOR (N	lust check one or both)			
OPERATOR CONTACT PERSON: Scott Dobbs 660 43	6.2600			
OPERATOR CONTACT PERSON: Scott Dobos Trucking a OPERATOR COMPANY NAME: Preston Dobos Trucking a OPERATOR STREET OR P. O. BOX: Po Box 9, 40091 HAM:	Gravel Sales LLC Sping Mine			
OPERATOR STREET OR P. O. BOX: PO BOX 9, 40091 HAM:	Iton Rd			
OPERATOR CITY: 17 Amilton STA	TE: MS ZIP: 39046			
OPERATOR PHONE #: (662) 393-5150 OPERATOR EMA	IL:			
OWNER CONTACT PERSON: Elaine Orbbs				
OWNER CONTACT PERSON: Z A ne Dabs	10-10-110			
OWNER COMPANY: Preston Dobbs Truckly & GIA	vel SAIES L.			
OWNER STREET OR P. O. BOX: DO BOX 9				
OWNER CITY: 1-1A ni 1700 STATE: 1	3 ZIP: 39744			
OWNER PHONE #: (665) - 343-5180 OWNER EMAIL:				

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE	PERMIT FOR MINE DEWATE	RING? YES NO
PERMIT NO. MS 32 2 5 1 3		
ESTIMATED DEWATERING VOLUME:	(GAL/DAY)	
NAME AND ADDRESS OF THE RECIPIENT OF THE DIS	CHARGE MONITORING REPO	RTS (DMRs), IF DIFFERENT FROM SIGNATORY:
the Classical American and all attacks	h-monte ware proposed under my	direction or supervision in accordance with a system desi-
certify under penalty of law that this document and all attactor assure that qualified personnel properly gathered and evalu	nated the information submitted.	Based on my inquiry of the person or persons who manag
system, or those persons directly responsible for gathering the	information, the information subr	nitted is, to the best of my knowledge and belief, true, accu
and complete. I am aware that there are significant penalties	for submitting false information, i	ncluding the possibility of fine and imprisonment for kno
violations.		
lane Willer	1	4-18-18
Authorized Signature ¹	Date	
Claine Dobbs		
		. 1000
		wher
Printed Name	Title	CUSTIET.
Printed Name This application shall be signed according to the General Per	Title	Please submit this form to:
This application shall be signed according to the General Per For a corporation, by a responsible corporate officer.	Title	Please submit this form to:
This application shall be signed according to the General Per For a corporation, by a responsible corporate officer. For a partnership, by a general partner.	Title	Please submit this form to: Chief, Environmental Permits Division
This application shall be signed according to the General Per For a corporation, by a responsible corporate officer. For a partnership, by a general partner. For a sole proprietorship, by the proprietor.	Title mit, Act 15, T-4 as follows:	Please submit this form to: Chief, Environmental Permits Division MDEQ, Office of Pollution Control
This application shall be signed according to the General Per For a corporation, by a responsible corporate officer. For a partnership, by a general partner.	Title mit, Act 15, T-4 as follows:	Please submit this form to: Chief, Environmental Permits Division

F0100

Fee: \$ 50

2017242652



DELBERT HOSEMANN Secretary of State Business ID: 1128993
Filed: 09/28/2017 01:19 PM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

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

Mississippi Limited Liability Company Certificate of Formation

Business Information

Business Type: Limited Liability Company

Business Name: Preston Dobbs Trucking and Gravel Sales LLC

Business Email: dobbspreston@gmail.com

Future Effective Date: 09/28/2017

NAICS Code/Nature of Business

423320 - Brick, Stone, and Related Construction Material Merchant Wholesalers

484220 - Specialized Freight (except Used Goods) Trucking, Local

484230 - Specialized Freight (except Used Goods) Trucking, Long-Distance

Registered Agent

Name:

Martha Elaine Dobbs

Address:

40091 Hamilton Road

Hamilton, MS 39746

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 09/28/2017.

Name:

Martha Elaine Dobbs

Manager

Address:

40091 Hamilton Road Hamilton, MS 39746 MINE INFORMATION

A CALLAND					
MINE SITE NAME: Preston Dobbs Tracking & GIAS LIC	Spise	y Mine			
CONTACT NAME & POSITION: Scott Do bbs					
CONTACT PHONE NUMBER: (66) 436-2600					
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):					
STREET: Flower FArm Road					
CITY: Hamilton COUNTY: MORROE					
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNT the Mississippi Office of Geology. For information call 601-961-5523).					
W /2 40F S4) 40F SECTION 5, TOWNSHIP 16, RANGE 1	3 W	8			
W 1/2 40F S4) 40F SECTION 5, TOWNSHIP 16, RANGE 11 LATITUDE: 33 DEGREES 42 MINUTES 038 SECONDS LONGITUDE: 88 DEGREES 27	MINUTES 2067	& ECONDS			
LAT & LONG DATA SOURCE (CPS /PLEASE CPS ENTRANCE CATELOR MAD INTERPOLATION)					
TOTAL ACREAGE: 16. MATERIAL TO BE MINED: SANDE GIA					
ESTIMATED START DATE: SAN DOLL ESTIMATED END DATE: JA	ESTIMATED START DATE: Sec 2016 WATERIAL TO BE MINED: SANDLE GIACLE ESTIMATED END DATE: YYYY-MM-DD NAICS CODE NAICS CODE				
SIC CODENAICS CODE	Y-MM-DD				
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.					
	1				
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 YES OF N.A. NO					
FROM THE DATE OF RECOVERAGE.					
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	YES or N.A.	NO			
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.					
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	VES	No			
IS MINE DEWATERING PRESENT ON SITE?	YES	INO			
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW					
IS MINE COVERED UNDER VALUE AND DISCHARGES STATE OPERATING DEPARTS					
PERMIT NO. MS		NO			
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:		(FT³)			