

AI # 56083



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
APR 25 2018

MDEQ

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2133. 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: Bettye Hunt (Bobby D. Hunt deceased 2/23/18)

OPERATOR COMPANY NAME: Hunt Hauling and Construction Co., Inc.

OPERATOR STREET OR P. O. BOX: P.O. Box 457, 93 Bobby Hunt Road

OPERATOR CITY: Wiggins STATE: MS ZIP: 39577

OPERATOR PHONE #: (601) 928-7829 OPERATOR EMAIL: huntbettye@yahoo.com

OWNER CONTACT PERSON: Dellie Rawell Estate Mine

OWNER COMPANY: Go. Lola Jarrell Const. Co., Inc.

OWNER STREET OR P. O. BOX: 9168 Old River Road MS

OWNER CITY: Petalus STATE: MS ZIP: 39465

OWNER PHONE #: (601) 964-8352 OWNER EMAIL: lola.jarrell@yahoo.com

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.

Betty Hunt
Authorized Signature¹

4/20/18
Date

Bettye Hunt
Printed Name

President
Title

¹This 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



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 30th day of May, 1985, the State of Mississippi issued a Charter/ Certificate of Authority to:

HUNT HAULING & CONSTRUCTION CO., INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said HUNT HAULING & CONSTRUCTION CO., INC. is in good standing at this time.

Given under my hand and seal of office
the 23rd day of April, 2018

C. Delbert Hosemann, Jr.

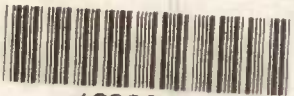
C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18051143

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



12936365

FILING DATE 03/02/2018

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123-2018-002723

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) BOBBY DEAN HUNT			2. GENDER MALE	3a. HOUR OF DEATH 01:08	3b. DATE OF DEATH (Month, Day, Year) 02/23/2018
4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify): _____ <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) _____ <input type="checkbox"/> Other (Specify): _____					
5a. AGE AT LAST BIRTHDAY 81	ONLY IF UNDER 1 YEAR 5b. MONTHS	ONLY IF UNDER 1 DAY 5c. DAYS	ONLY IF UNDER 1 DAY 5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year) 11/14/1936
8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			7. BIRTH PLACE (State or Foreign Country) MISSISSIPPI		
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) STONE COUNTY HOSPITAL (66S)			9b. CITY, TOWN OR LOCATION OF DEATH WIGGINS	9c. ZIP CODE 39577	9d. COUNTY OF DEATH STONE
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown					
11. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			12. SURVIVING SPOUSE (give legal name prior to first marriage) BETTYE BUTLER		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES
14. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino, (Specify) _____					
15. SOCIAL SECURITY NUMBER 426-66-5941		16a. USUAL OCCUPATION (Kind of work done most of working life) CONSTRUCTION		16b. KIND OF BUSINESS OR INDUSTRY OWNER	
17a. RESIDENCE - STATE MISSISSIPPI	17b. COUNTY STONE	17c. CITY OR TOWN WIGGINS	17d. ZIP CODE 39577	17e. STREET AND NUMBER OR RURAL LOCATION (include apartment number) 93 BOBBY HUNT RD	17f. INSIDE CITY LIMITS (Yes or No) NO
18. FATHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) VERNON HUNT			19. MOTHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) VERDEEN MOORE		
20a. INFORMANT - NAME (Type or print) BETTYE HUNT		20b. RELATIONSHIP TO DECEDENT SPOUSE		20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 93 BOBBY HUNT RD., WIGGINS, MS 39577	
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) BURIAL		21b. CEMETERY/CREMATORY - NAME WIGGINS CITY CEMETERY		21c. LOCATION (City and State) WIGGINS, MS	
22a. FUNERAL HOME (Who first assumed custody of body) MOORE FUNERAL HOME (66M)		22b. FUNERAL HOME LICENSE NUMBER FE-73		22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) P. O. BOX 96, WIGGINS, MS 39577	
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) TREY ALDERMAN NP		23b. PRONOUNCED DEAD (Month, Day, Year) ON 02/23/2018		23c. PRONOUNCED DEAD (Time) AT 01:08	
24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print) WAYNE FLURRY		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) PO DRAWER 7, WIGGINS, MS 39577			
25a. SIGNATURE (Type or print) WAYNE FLURRY		25b. DATE SIGNED (Month, Day, Year)		25c. STATE LICENSE NUMBER	
25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		25e. DATE SIGNED (Month, Day, Year) 02/28/2018			
26. CAUSE OF DEATH PART I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.		26a. AUTOPSY (Yes or No) NO		26b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No) NO	
IMMEDIATE CAUSE (final disease or condition resulting in death) → (a) INTRACEREBRAL HEMORRHAGE		Interval between onset and death UNKNOWN			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		(b) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			
		(c) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)			
		(d) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)			
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.					
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH		31. IF FEMALE, <input type="checkbox"/> Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> Unknown if pregnant within the past year	
32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		32b. DATE OF INJURY (Month, Day, Year)		32c. TIME OF INJURY	
32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED					
33. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____					
33a. INJURY AT WORK (Yes or No)		33b. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		33c. LOCATION (Street or route number, City or town, State)	

Mississippi State Department of Health

Revised 07/01/2017

Form 311

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

3/14/2018

Judy Moulder

Judy Moulder
STATE REGISTRAR

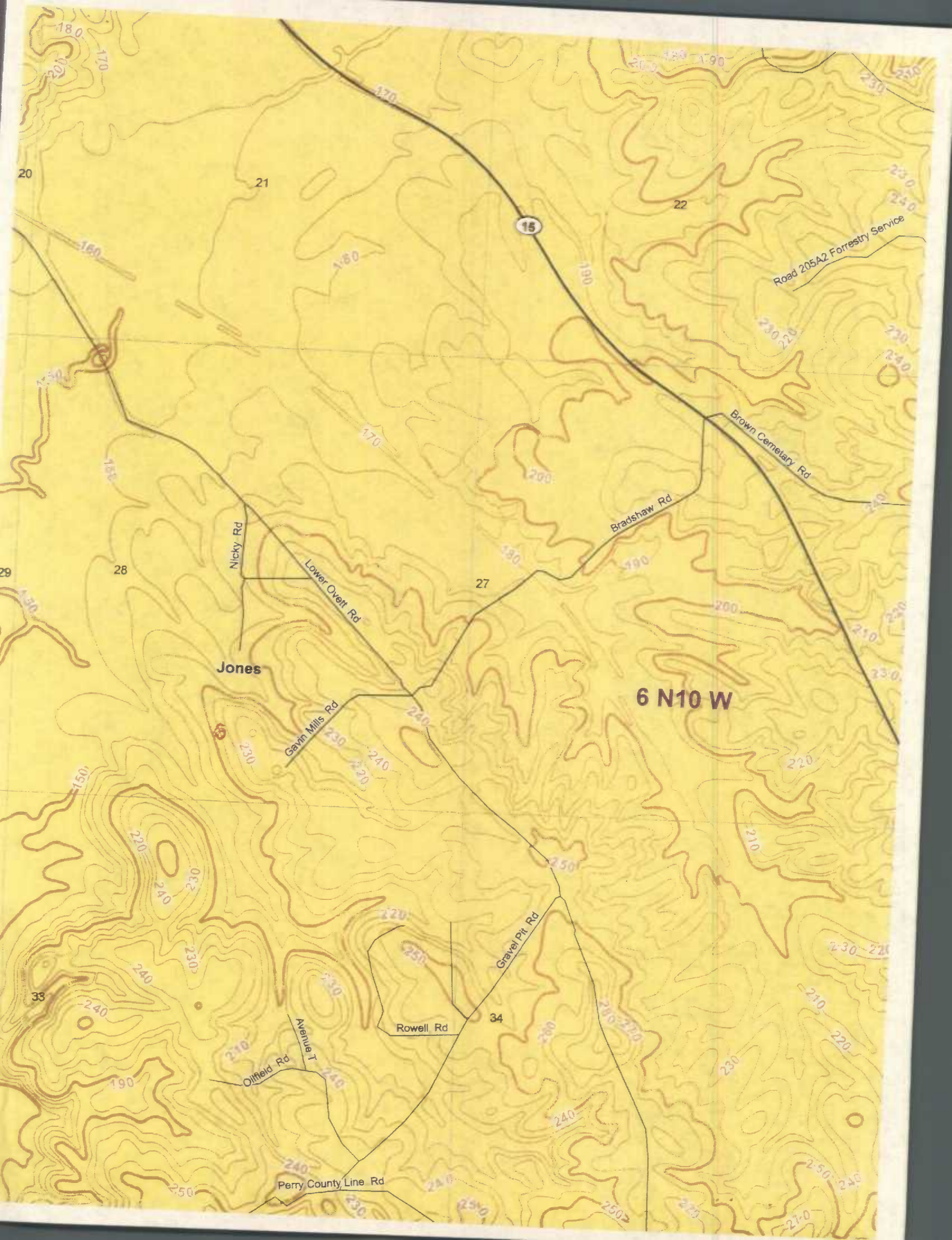
WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMPLOYED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





15

Road 205A2 Forrestry Service

Brown Cemetery Rd

Bradshaw Rd

Nicky Rd

Lower Overt Rd

Jones

Gann Mills Rd

6 N10 W

Gravel Pt. Rd

Rowell Rd

Avenue T

Oilfield Rd

Perry County Line Rd

20

21

22

28

27

29

33

34

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Nichols Dr

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Lower Overt Rd

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6 N10 W

Jones

29

Tiber Creek

28

Nicky Rd

Hog Branch

Bradshaw Rd

26

Gavin Mills Rd

Gravel Pit Rd

Rowell Rd

Hog Branch

32

33

Avenue I

Oilfield Rd

34

35

Perry County Line Rd

W

Hemo. Bogue

Perry

4

3

John Thompson Rd

Lower Dam Creek

2

15

Section 28

S 1/4 W
Jones

SE 1/4 SW 1/4

1000' Rd

1000' Rd

1000' Rd

1000' Rd

1000' Rd

1000' Rd

1000' Rd

1000' Rd





1E

SOUTH

MA-DIRTY

Albany Rd

Lower Overt Rd

Brookhart Rd

Leah Mills Rd

Cherokee Rd

Rowell Rd

Remuda

Sheld Rd

MINE INFORMATION

MINE SITE NAME: Dellia Rewell Mine Estate

CONTACT NAME & POSITION: Bettye Hunt, President

CONTACT PHONE NUMBER: (601) 467-1811

MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
STREET: Garvin Mills Road

CITY: Ovett

COUNTY: Jones

ZIP: _____

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 SW 1/4 OF SECTION 28, TOWNSHIP 6N, RANGE 10W

LATITUDE: _____ DEGREES _____ MINUTES _____ SECONDS

LONGITUDE: _____ DEGREES _____ MINUTES _____ SECONDS

LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): _____

TOTAL ACREAGE: 2 1/2

MATERIAL TO BE MINED: 2

ESTIMATED START DATE: 2011-06-11
YYYY-MM-DD

ESTIMATED END DATE: 2028-06-30
YYYY-MM-DD

SIC CODE NA

NAICS CODE 212321

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.

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?

YES NO

IS MINE DEWATERING PRESENT ON SITE?

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?

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: _____ (FT³)