



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 1 3. 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.

Thease indicate the activities to be covered by this Re-Coverage Form (check an 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.
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: Bette Hunt (Bobby D. Hunt decessed 2/23/18)
operator company name: Hunt Hauling and Construction Co. Inc. operator street or p. o. box: Bc. Box 457, 93 Bobby Hunt Road operator city: Wiggins state: M5 zip: 39577 operator phone #: (601) 928-7829 operator email: hunt betty @ Yahoo. Com
OPERATOR STREET OR P. O. BOX: BC, Bont 457, 93 Bobby Hunt Road
OPERATOR CITY: Wiggins STATE: M'S ZIP: 39577
OPERATOR PHONE #: (601) 928-7829 OPERATOR EMAIL: hunt betty & Q. Yahoo. Com
OWNER CONTACT PERSON: Dellie Rowell Estate Mine
OWNER COMPANY: To Leola Jackell and Con Inc.
OWNER STREET OR P. O. BOX: A Control of the Control
OWNER CITY: STATE: M.5 ZIP: 39465
OWNER STREET OR P. O. BOX: 9168 STATE: MS ZIP: 39465 OWNER PHONE #: (601) 96448352 OWNER EMAIL:

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

		FILL OUT BELOW
IS MINE COVERED UNDER VALID NPDES DISCHAR	GE PERMIT FOR MINE DEWATI	ERING? VES NO
ESTIMATED DEWATERING VOLUME:	(CAL/DAY)	
	(GAL/DAY)	
NAME AND ADDRESS OF THE RECIPIENT OF THE D	ISCHARGE MONITORING REPO	ORTS (DMRs), IF DIFFERENT FROM SIGNATORY:
I certify under penalty of law that this document and all att to assure that qualified personnel properly gathered and ev- system, or those persons directly responsible for gathering the and complete. I am aware that there are significant penaltic violations.		based on my inquiry of the person or persons who manage
Betty Hunt Authorized Signature		
Authorized Signature ¹	Date	0
Bestye Hunt	Date Treside	a t
Printed Name	Title	-
For a corporation, by a responsible corporate officer. For a partnership, by a general partner.	rmit, Act 15, T-4 as follows:	Please submit this form to:
For a sole proprietorship, by the proprietor.		Chief, Environmental Permits Division
For a municipal, state or other public facility, by eith	er a principal executive	MDEQ, Office of Pollution Control
officer, the mayor, or ranking elected official.	e. a principal executive	P.O. Box 2261
Duly Authorized Representative		Jackson Mississippi 30225



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. Secretary of State

Certificate Number: CN18051143

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx



MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS





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(If hospital, also give ID ma	HOSPITAL (665)	ph				9d. COL	NTY OF DEATH
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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 STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID, DO NOT ACCEPT UNLESS EMPONSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT OF BUILDING TO COUNTRIEST THIS DOCUMENT.

TO LIGHT

THIS CERTIFICATE



OR ERASURE VOIDS THIS CERTIFICATE







