

RECEIVED APR 2 5 2018

Dept. of Environmental Quality

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1703. 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).

We.
Storm Water Discharges Associated with Mining Mine Dewatering
Wastewater Recirculation System with No Discharge
The appropriate section of this farm
The appropriate section of this form must be completed if the applicant proposes to operate a wastewate recirculation system with no discharge and/or discharge impounded mine water (down).
a special mile water (dewatering).
If the company seeking coverage is a seeking
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 tracks (12)
I his registration or Certificate of Good Standing
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 INCOME TO SERVICE AND A SE
ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)
APPLICANT INFORMATION
APPLICATION
operator contact person: Bettye Butler Hunt (Bobby D. Hunt Leceased 2/23/18) operator company name: Hunt Hauling & Construct, on Co., Inc. operator street or p. o. box: 93 Bobby Hunt Road operator city: Wiggins State: M5
Derive Durker Hunt (Bobby D. Hunt deceased 2/23/18
OPERATOR COMPANY NAME: Hunt Hawling & Construction Co. T.
OPERATOR STREET OR P. O. BOX: 93 BObby Heat Road
OPERATOR CITY: Wiggins STATE: M5 STATE: M5 OPERATOR PHONE #: (461) 928-7829 OPERATOR EMAIL: hunt besty & ga hoo. com
STATE: 11/5 ZIP: 38577
OPERATOR PHONE #: (401) 928-7829 OPERATOR EMAIL: hunt best gra Que han com
OWNED CONTACT DEDOCT
OWNER CONTACT PERSON: Wayne Hunt
OWNER COMPANY: Hunt Hanting & Const. Co., Jane
OWNER STREET OR P. O. BOX: 93 Box by Hunt Road
OWNER CITY: Wiggin 5 STATE: M.S 38677
STATE MS
OWNER PHONE #: (601) 716-6501 OWNER EMAIL:

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

10 949	ED TES TO MINE DEWATERING, FILL OUT BELOW
IS MINE COVERED UNDER VALID NPDES DISCHAI	RGE PERMIT FOR MINE DEWATERINGS
PERMIT NO. MS	YES NO
ESTIMATED DEWATERING VOLUME:	
NAME AND ADDRESS	(GAL/DAY)
NAME AND ADDRESS OF THE RECIPIENT OF THE	DISCHARGE MONITORING REPORTS
	DISCHARGE MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY:
certify under penalty of law that this door	
assure that qualified personnel properly gathered and all at	ttachments were prepared under my direction or supervision in accordance with a system designated the information submitted. Based on my inquiry of the person or persons who manage
nd complete. Learning the sponsible for gathering t	valuated the information submitted. Based on my inquiry of the person or persons who manage the information, the information submitted is, to the best of my knowledge and belief, true, accurate for submitting false information, including the possibility of fine and imprisons.
iolations.	the information, the information submitted is, to the best of my knowledge and belief, true, accur ies for submitting false information, including the possibility of fine and imprisonment for know
2	the possibility of fine and imprisonment for know
Octive Hunt outhorized Signature	10/2 - 118
authorized Signature	
RII	Date
Nettye Hunt	Paris 1
	Date President
rinted Name	Title
rinted Name is application shall be signed according to the General Re-	Title
rinted Name is 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
rinted Name iis 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 proprietors	Title rmit, Act 15, T-4 as follows: Please submit this form to:
rinted Name is 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. For a municipal, state or other public facility, by eight	Title Please submit this form to: Chief, Environmental Permits Division MDEQ, Office of Pollution Control
ror a partnership, by a general nartner	Title rmit, Act 15, T-4 as follows: Please submit this form to:



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



RASURE VOIDS THIS CERTIFICATE

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS





AL HEMATHON ON E

	AME (First, Middle, Last,	STATE OF MISS	ISSIPPI		STATE FILE		NJ2723
BOBBY DEAN HI	UNT			1. GENDER	3a. HOUR OF DEA	TH 36. DATE	OF DEATH (Month, Day, Year)
B White Black on	races to indicate wint the t	decedest considered himself or her	nelf to be)	MALE	01:08		
Other Asian (Specify)	r Africas American	Change Filipino is	Beneze C Konner	- NE			
C American (Specify)				the David And	Native Hawmian	Semons D Ames &	ndian Guammian or Channe
AGE AT LAST BIRTHO	NAME OF TAXABLE OF USE SUIT	rolled tribe or primeinal without	F1	her Pacific Islander			
81	OWE I IL ONDER	ONLY IF UNDE		TE OF BIRTH (M	Other (Specify)		
PLACE OF DEATH IF	Billy		Se. MINS	11/14/1936	oum, Day, Year)	7. BIRTH PL	ACE (State or Foreign Country)
Carrie only one base	DEATH OCCURRED IN	A HOSPITAL IF	DEATH OCCURRED SO	MFWUCSCAN	ER THAN A HOSPITAL	M	ISSISSIPPI
E. FACILITY NAME (If not	Inpatient IX ER/Outpa	DOA DOA DOS IN POLICE MARRIED DOS POLICE MARRIED DOS POLICE MARRIED DOS POLICE POLIC	PROSPICE ENCILLY No	reine Lines /			
(If hospital, also give ID as	umber)	is, route mamber, or other location)	96. CTTY, 1	OWN OR LOCAT	TON OF DEATH A	zient's home Onto	er (Specify)
DECEDENT S EDUCATION	DOSPITAL (66S)	100	1	WIGGINS	W	39577	COUNTY OF DEATH
gth grade or less ot	b . 17th and	is describes the highest degree or le	vei of scaool completed a	tions of death.		39311	STONE
Master's description as	da MS ME. no diploma	High school graduate or GED-W, MBA) Decorase (e.g. Ph.)	completed - Some coll	ogc, no degree	Assertion days		
MARITAL STATUS AT T	IME OF DEATH	W, MBA) Doctorate (e.g. Ph)	D. EdD) or Professional o	legrae to.s. MD D	OS DULL LUD TO: C	A, AS) U Bachelos	t's degree (e.g., BA, AB, BS)
Married Married b	BI SECRETARY TO DESCRIPTION	Divorced Never married	12. \$1	JR VIVING SPOUS	É (give logal name prior le	Charmown 1	WAS DECEASED EVER IN
	- HODWEI	☐ Liverced ☐ Never married	☐ Linknows	BETTYE	BUTLER	THE BARTINGS) 13.	U.S. ARMED FORCES!
DECEDENT OF HISPANIC	ORIGIN? Check the bex of	har best describes whether the dece Mexican American, Chicano	Street 14 Same of the			22.73 5	(Yes or No) YES
No. not Spanish/Hispanic/	Latino 🗆 Yes, Mexican	Mexican American, Chicago	Yes Down St.	Latino. Clarck the	No box if decedent is not	Spanish/Hispanic/La	REO.
SOCIAL SECURITY NUMI	BER				es, Other Spanish/Hispani	c/Latino, (Specify)	
426-66-5941		THE BELLOTY HON (K)	LIKE OF WORK deepe most of		160. KIND OF BUSINES		
RESIDENCE - STATE	176. COUNTY	CONSTRUCT	TION		OW		4
MISSISSIPPI	STONE	17c. CITY OR TOWN	17d. ZIP CODE	17e, ST2	EET AND NUMBER OR		
CAR BAR		WIGGINS	39577	(inch	de apartment number)	NUMBEL LOCATION	17f. INSIDE CITY LIMITS (Yes or No)
ATHER'S OR PARENT'S	NAME PRIOR TO FIRST	MARRIAGE (First, Middle, Last,	South .	9:	BOBBY HUNT I	ED .	
			19. MC	THER'S OR PAR	ENT'S NAME PRIOR TO	FIRST MARRIAGE	NO (First, Middle, Last, Soffix)
INFORMANT - NAME (Ty	be or brint)	206. RELATIONSHIP TO D	ECEDERT				
BETTYE HUNT		SPOUSE		AC. MAILING A	DDRESS (Surper and mean	ser, City or town, Sta	ne, ZIP Code)
DISPOSITION OF BODY (S	pecify: Burial 21b. CE	METERY/CREMATORY - NAM	AE DIC LOCATION	N (City and Stone)	BY HUNT RD., W	IGGINS, MS 3	9577
BURIAL (CE)	90	TIGGINS CITY CENTER	WIGGI		ZZa FUNERAL DI	RECTOR - SIGNATI	URE AND LICENSE NUMBER
FUNERAL HOME (Was dir	assumed custody of bedy)	Dr. FUNES	RAL HOME LICENSE		P TOCKUT'	CON A TO	CLU DI
MOORE FUNERAL	HOME (66M)	NUMB	ER -73	ZZE. MAILING	ADDRESS (Street and number of BOX 96, WIGGIN	moter. City or town S	tale, ZIP Code)
FUNERAL HOME (If body w	was transferred prior to disp	Osition)	C13	r. U.	DUX 96. WIGGIN	S. MS 30577	
				404 14 70 70		5, 1120 37377	
CREAN DOG STATE				221. MAILING	ADDRESS (Street and mun	iber, City or town, Sc	ate, ZIP Code)
ERSON WHO PRONOUNCE	ED DEATH NAME AND			221. MAILING	ADDRESS (Screet and must	GE AVE.	
REI ALDERMAN	ED DEATH - NAME AND	D TITLE (Type or print)		221. MAILING . 11 236. PRONOUN	ADDRESS (Street and mun 15 WEST COLLE CED DEAD (Month: Day	GE AVE.	ONDUNCED DEAD (Time)
PERSON WHO PRONOUNCE TREY ALDERMAN TAME OF CERTIFYING PHE WAYNE FLIDERY	ED DEATH - NAME AND	D TITLE (Type or print)	LING ADDRESS (Street	221. MAILING . 11 236. PRONOUN	ADDRESS (Street and mun 15 WEST COLLE CED DEAD (Month: Day	GE AVE. Year) Z3c, PRO	
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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

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MINE INFORMATION MINE SITE NAME: Wire Road Pit CONTACT NAME & POSITION: Wayne Hunt CONTACT PHONE NUMBER: (601) 716 - 6501 MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD): STREET East Wire Book CITY: Perkinston COUNTY: Stone ZIP: 39573 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). /4 OF ________, TOWNSHIP ________, RANGE LATITUDE: ___ DEGREES __ MINUTES __ SECONDS LONGITUDE: ___ DEGREES __ MINUTES SECONDS LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): TOTAL ACREAGE: MATERIAL TO BE MINED: ESTIMATED START DATE: 2010 - 07-11 ESTIMATED END DATE: 2030-06-30 NAICS CODE 2/2 3 2 1 SIC CODE 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? DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? 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 or N.A. NO FROM THE DATE OF RECOVERAGE. IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, X YES or N.A. NO 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. IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY? IS MINE DEWATERING PRESENT ON SITE? IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW YES NO

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