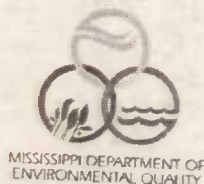


AI # 35672



RECEIVED
APR 25 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).

☒ 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 Butler Hunt (Bobby D. Hunt deceased 2/23/18)

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

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

OPERATOR CITY: Wiggins

STATE: MS

ZIP: 39577

OPERATOR PHONE #: (601) 928-7829

OPERATOR EMAIL: hunt.bettye@yahoo.com

OWNER CONTACT PERSON: Wayne Hunt

OWNER COMPANY: Hunt Hauling & Const. Co., Inc.

OWNER STREET OR P. O. BOX: 93 Bobby Hunt Road

OWNER CITY: Wiggins

STATE: MS

ZIP: 39577

OWNER PHONE #: (601) 716-6501

OWNER EMAIL:

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

4/23/18
Date

Betty 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. MONTH : 5c. DAYS	ONLY IF UNDER 1 YEAR 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"/> Hospice facility <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> If death occurred somewhere other than a hospital		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 (665)		9b. CITY, TOWN OR LOCATION OF DEATH WIGGINS		9c. ZIP CODE 39577
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, MEng, 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, Cuban <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		
17a. RESIDENCE - STATE MISSISSIPPI		17b. COUNTY STONE	17c. CITY OR TOWN WIGGINS	17d. ZIP CODE 39577
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		
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) BURIAL		21b. CEMETERY/CREMATORY - NAME WIGGINS CITY CEMETERY		
22a. FUNERAL HOME (Was first assumed custody of body) MOORE FUNERAL HOME (666M)		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		
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 WAYNE FLURRY, CMEI		25b. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) INTRACEREBRAL HEMMORRHAGE (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE (d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) UNDERLYING CAUSE (Last) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		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 <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) NO		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) _____				
34. INJURY AT WORK (Yes or No) 35. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 36. LOCATION (Street or route number, City or town, State)				

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 EMBOSSED 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

FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND. ON WHITE PAPER THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

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 Road

CITY: Perkinston COUNTY: Stone ZIP: 39523

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).

_____/4 OF _____/4 OF SECTION _____, 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
YYYY-MM-DD YYYY-MM-DD

SIC CODE _____ 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)