



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 4 6 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 and No Discharge General Permit. This form must be completed at the bottom of this form within 30 days of the date of the Letter	and returned to MDLQ	at the address printed
Please indicate the activities to be covered by this Re-Coverage Fo	rm (check all that apply).	
X 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 impound	e applicant proposes to c ed mine water (dewaterin	operate a wastewater g).
If the company seeking coverage is a corporation, a limited liability attach proof of its registration with the Mississippi Secretary of States are consistent of this coverage form. Coverage will be issued in the company of State.	ithin twelve (12) months	of the date of the
ALL INFORMATION MUST BE COMPLETED (in	dicate "N/A" where not a	pplicable)
APPLICANT INFORMAT		
APPLICANT IS THE OWNER X OPERATOR (I	Must check one or both)	
OPERATOR COMPANY NAME: K & M Gravel, LLC		1
OPERATOR STREET OR P. O. BOX: P. O. Box 824		
Taylorcyille	ATE: MS	ZIP: 39168
	lanemeliccawest@	Zai ·
OPERATOR PHONE #: (601 452-2051 OPERATOR EM	AIL:	pellsouth.net
OPERATOR PHONE #: (601 452-2051 OPERATOR EM	Wayne McPha	oellsouth.net
OPERATOR PHONE #: (601 452-2051 OPERATOR EMPONENT CONTACT PERSON: Rickey McPhail 82 Charlie Sanford Road		il
OPERATOR PHONE #: (601 452-2051 OPERATOR EMPONENT CONTACT PERSON: Rickey McPhail OWNER COMPANY: 82 Charlie Sanford Road	Wayne McPha	il Circle
OPERATOR PHONE #: (601 452-2051 OPERATOR EMPONENT CONTACT PERSON: Rickey McPhail 82 Charlie Sanford Road	Wayne McPha	il Circle

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MINE INFORMATION		
MINE SITE NAME: McPhail Pit		
CONTACT NAME & POSITION: Lane West Operator		
CONTACT PHONE NUMBER: 601 452-2051		
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		
STREET: Highway # 588		a .
CITY: County: Covington	ZIP: 39428	
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).	NDARIES (Maps car	be obtained from
NW 1/4 OF NE 1/4 OF SECTION 36 , TOWNSHIP 8N , RANGE 15W		
LATITUDE: 31 DEGREES 37 MINUTES 23 SECONDS LONGITUDE: 89 DEGREES 2		ECONDS
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): Maj	o interpolat	ion
TOTAL ACREAGE: 3.5 MATERIAL TO BE MINED: clay gravel	100	
ESTIMATED START DATE: 2015-04-06 ESTIMATED END DATE: 2024		
SIC CODE 1411 YYYY-MM-DD NAICS CODE 21	Y-MM-DD	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DA CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S C BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.	TE AND EFFECTI TURRENT BMPS, T	VE IN WO (2) SPECIFIC
IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	X YES	NO
DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?	X YES	NO
IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF <u>NO.</u> THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERAGE.	X 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 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.	X YES or N.A.	NO
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	YES	X NO
IS MINE DEWATERING PRESENT ON SITE?	YES	XNO
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHAF	RGE, FILL OUT RE	LOW
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:		(FT ³)

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FO	R MINE DEWATERING?	YES	NO		
PERMIT NO. MS					
ESTIMATED DEWATERING VOLUME:(GA	AL/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 violations.	g false information, including	the possibility of line and	imprisonment for knowing		
1 11	4.25-	18			
Authorized Signature ¹	9-25- Date				
/ / /	21	resident			
Lant (JE)?	Title	reddert			
Printed Name		Please submit this form	n to:		
¹ This application shall be signed according to the General Permit, Act 15, T For a corporation, by a responsible corporate officer.					
 For a partnership, by a general partner. For a sole proprietorship, by the proprietor. 		Chief, Environmental I MDEO, Office of Pollu			
 For a municipal, state or other public facility, by either a principal 	executive	P.O. Box 2261			
officer, the mayor, or ranking elected official. Duly Authorized Representative		Jackson, Mississippi 39)225		