AI #71416





RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 6 4 1. 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 D	Discharges Associated	l with Mining	Mine Dev	watering	
Wastewater Re	circulation System w	vith No Discharge			
The appropriate secrecirculation system	ction of this form r with no discharge a	must be completed nd/or discharge imp	if the applicant counded mine water	proposes to er (dewaterin	operate a wastewater ig).
If the company seek	ing coverage is a cor	poration, a limited	liability company,	a partnershi	p, or a business trust,
attach proof of its re	egistration with the M Certificate of Good	Mississippi Secretar	y of State and/or II	(12) months	of the date of the
This registration or	erage form. Covera	ge will be issued in	the company name	e as it is regis	tered with the
Mississippi Secretar					
		OT DE COMBI ETI	TD /: 3:4- 66NI/A?	7 whom not a	nnligghla)
ALL IN	FORMATION MUS			where not a	ррпсавіе)
		APPLICANT INFO	ORMATION		
APPLICANT IS THE		OPERATOR	(Must check one	e or both)	
OPERATOR CONTACT P	ERSON:				
OPERATOR COMPANY	NAME:				
OPERATOR STREET OR	P. O. BOX:				
OPERATOR CITY:			STATE:	-	ZIP:
OPERATOR PHONE #: (OPERAT	OR EMAIL:		
OWNER CONTACT PER	son: <u>Set</u>	Lindsey			
OWNER COMPANY:		11 0.			
OWNER STREET OR P. C	D. BOX: 5498	Highey Kd			000001
OWNER CITY: SY	istadele	STA	TE: MS	THE TOTAL	ZIP: 39669
OWNER PHONE #: (1) tracle 01) 248-356	OWNER EMA	IL: lind & yfore	sty a histo	mal com

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

TES TO MILITE DEWATERING, F	ILL OUT BELOW		
IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATE	CRING? YES NO		
PERMIT NO. MS			
ESTIMATED DEWATERING VOLUME:(GAL/DAY)			
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPO			
THE DISCHARGE MONITORING REPO	ORTS (DMRs), IF DIFFERENT FROM SIGNATORY:		
I certify under negative of law that this document and the control of the control			
I certify under penalty of law that this document and all attachments were prepared under my to assure that qualified personnel properly gathered and evaluated the information submitted.	lirection or supervision in accordance with a system designe		
system, or those parsons directly responsible for authoring the information submitted.	based on my inquiry of the person or persons who manage th		
system, or those persons directly responsible for gathering the information submitted. E and complete. I am aware that there are significant penalties for submitting false information, in violations.	nitted is, to the best of my knowledge and belief, true, accurat		
violations.	ictualing the possibility of fine and imprisonment for knowing		
NALCA			
MX 1 4 74 1	0		
Authorized Signature ¹	8		
Authorized Signature Date			
Scott 1 ans.			
Dott Linuxy Oun			
Printed Name Title			
This application shall be signed according to the General Permit, Act 15, T-4 as follows:			
For a corporation, by a responsible corporate officer.	Please submit this form to:		
For a partnership, by a general partner.			
For a sole proprietorship, by the proprietor.	Chief, Environmental Permits Division		
For a municipal, state or other public facility by either a principal avecution	MDEQ, Office of Pollution Control		
officer, the mayor, or ranking elected official.	P.O. Box 2261		
Duly Authorized Representative	Jackson, Mississippi 39225		

MINE INFORMATION MINE SITE NAME: 10mg Scott Linuxy ROTHLIC Linday Mine CONTACT NAME & POSITION: Scott Lincisy CONTACT PHONE NUMBER: (GO!) 748 - 3561 MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD): 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): 31, 284070 90, 662705 TOTAL ACREAGE: > 4 MATERIAL TO BE MINED: a race ESTIMATED START DATE ESTIMATED END DATE: SIC CODE NAICS 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 FROM THE DATE OF RECOVERAGE. 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. 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