



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 3 7 4. 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 provious 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 for at the bottom of this form within 30 days of			
Please indicate the activities to be covered by	y this Re-Coverage Fo	orm (check all that app	oly).
Storm Water Discharges Associated wi	th Mining	Mine Dewatering	
Wastewater Recirculation System with	No Discharge		
The appropriate section of this form mus recirculation system with no discharge and/o			
If the company seeking coverage is a corpora attach proof of its registration with the Missi This registration or Certificate of Good Stan submittal of this coverage form. Coverage with Mississippi Secretary of State.	issippi Secretary of St iding must be dated w	tate and/or its Certification twelve (12) mont	ate of Good Standing. hs of the date of the
ALL INFORMATION MUST B	BE COMPLETED (in	dicate "N/A" where no	ot applicable)
	APPLICANT INFORMAT	ION	
APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: Brian Moore	OPERATOR (M	Must check one or both)	
OPERATOR COMPANY NAME: APAC-Mississippi	, Inc.		
OPERATOR STREET OR P. O. BOX; P.O. BOX 2450			
OPERATOR CITY: Jackson	STA	TE: MS	ZIP: 39225
OPERATOR PHONE #: (601) 376-4000	OPERATOR EMA	IL: brian.moore@apac	c.com
OWNER CONTACT PERSON: Billy Joe Ferguson			
OWNER COMPANY: Carroll County School Board	of Education		
OWNER STREET OR P. O. BOX: P.O. Box 256			
OWNER CITY: Carrollton	STATE: MS	3	ZIP: 38917
OWNER PHONE #: (662) 237-9276	OWNER EMAIL: CCS	d.bferguson@gmail.co	m.

MINE INFORMATION

MINE SITE NAME: Blackhawk Mine #	2 MINE INFORMATION					
CONTACT NAME & POSITION: Brian I						
CONTACT PHONE NUMBER: (601						
	T AVAILABLE INDICATE NEAREST NAMED ROAD):					
STREET: 31121 Highway 430 Coila	H, MS 38923; Near County Road 172					
CITY: Blackhawk/Coila	county: Carroll	20000				
ATTACH A USGS QUAD MAP, EXTENDIN	IC / MILE DEVONDER OF	ZIP: 38923	3			
			can be obtained from			
NVV 1 /4 OF NVV 1 /4 OF SEC	TION 16 , TOWNSHIP 17 North , RANGE 2	East				
LATITUDE: 33 DEGREES 20 MINUTES	LATETUDE: 33 DEGREES 20 MINUTES 32 SECONDS LONGITUDE: -90 DEGREES 5 MINUTES 56 SECONDS					
LAT & LONG DATA SOURCE (GPS (PLEA	SE GPS ENTRANCE GATE) OR MAP INTERPOLATION):	PS				
	MATERIAL TO BE MINED: Sand and Gravel					
ESTIMATED START DATE:YYYY-MM-D	ESTIMATED END DATE:					
SIC CODE 1442	NAICS CODE 212321	YYY-MM-DD				
5	STORM WATER POLLUTION PREVENTION PLAN (SWPPP)					
IS A COPY OF THE SWPPP AT THE PERMIT DOES SWPPP CONTAIN AN UP-TO-DATE A POLLUTANT SOURCES AND IDENTIFY BN	TTED SITE OR LOCALLY AVAILABLE? SSESSMENT OF POTENTIAL STORM WATER IPS TO EFFECTIVELY CONTROL THEM?	OATE AND EFFECT CURRENT BMPS, YES YES	TIVE IN TWO (2) SPECIFIC NO NO			
FROM THE DATE OF RECOVERAGE.	T BMP, DOES IT DISCHARGE ONLY FROM THE IN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY	YES or N.A.	No			
INSTALLED IMMEDIATELY OF THE DATE INACTIVE, BUT IS SUBMITTING A RECOVINSTALLED IMMEDIATELY OF THE MINE		YES or N.A.	NO			
IS A WASTEWATER RECIRCULATION SYS	TEM WITH NO DISCHARGE USED ON THE FACILITY?	YES	No			
IS MINE DEWATERING PRESENT ON SITE?		YES	NO			
IF CHECKED YES TO WAST	ERWATER RECIRCULATION SYSTEM WITH NO DISCHAR					
S MINE COVERED UNDER VALID "NO DISC	CHARGE" STATE OPERATING PERMIT?					
PERMIT NO. MS	TO THE PARTY OF TH	YES	✓ NO			
DISTANCE BETWEEN RECIRCULATION PO MUST BE AT LEAST 150 FEET)	ND(S) AND PROPERTY LINE: N/A (FT)					
NUMBER OF RECIRCULATION POND(S):	N/A					
TORAGE CAPACITY OF EACH RECIRCULA	TION POND: N/A		(FT³)			

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATER		YES	NO
PERMIT NO. MS			
ESTIMATED DEWATERING VOLUME:	(GAL/DAY)		1
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE	MONITORING REPORTS (D	o <mark>mr</mark> s), if different fro	OM SIGNATORY:
I certify under penalty of law that this document and all attachments wer to assure that qualified personnel properly gathered and evaluated the integration system, or those persons directly responsible for gathering the information and complete. I am aware that there are significant penalties for submittiviolations.	formation submitted. Based on n, the information submitted is ing false information, including	n my inquiry of the person or s, to the best of my knowledge	r persons who manage the e and belief, true, accurate
Authorized Signature ¹	Date		
Brian Moore	Environmental Manager		
Printed Name	Title		
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		Please submit this form Chief, Environmental Pe MDEQ, Office of Pollution	



Blackhawk Amendez

With the Miles

Ammended Mining Acreage 96 Acres

apac Te 600