



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 6 3 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.

✓ Storm Water Discharges Associated v	vith Mining Mine Dewate	ering
Wastewater Recirculation System wit	h No Discharge	
The appropriate section of this form murecirculation system with no discharge and	ist be completed if the applicant proj /or discharge impounded mine water (c	ooses to operate a wastewate lewatering).
If the company seeking coverage is a corpo attach proof of its registration with the Mis This registration or Certificate of Good Stasubmittal of this coverage form. Coverage Mississippi Secretary of State.	sissippi Secretary of State and/or its Ce anding must be dated within twelve (12) will be issued in the company name as	months of the date of the it is registered with the
ALL INFORMATION MUST	BE COMPLETED (indicate "N/A" wh APPLICANT INFORMATION	ere not applicable)
APPLICANT IS THE OWNER	OPERATOR (Must check one or be	oth)
OPERATOR CONTACT PERSON: Brian Moore		
OPERATOR COMPANY NAME: APAC-Mississipp	oi, Inc.	
OPERATOR STREET OR P. O. BOX: P.O. BOX 245	08	
OPERATOR CITY: Jackson	STATE: MS	ZIP: 39225
OPERATOR PHONE #: (601) 376-4000	OPERATOR EMAIL: brian.moore@	
OWNER CONTACT PERSON: Andrew H. Edwards, J	r., Robert W. Neill, Jr./Laquita Bell Neill, Barry a	nd Donna McDonald
OWNER STREET OR P. O. BOX: 51 County Road 278, Ba	anner, MS 38913 / P.O. Box 264, Carrolton, MS 38917 / 34	Village Parkway, Southaven, MS 38671
	STATE:	ZIP:
OWNER CITY:		
OWNER PHONE #: ()	OWNER EMAIL:	

MINE INFORMATION

ALL EN ORMATION		
MINE SITE NAME: Blackhawk Mine #3		
CONTACT NAME & POSITION: Brian Moore Environmental Manager		
CONTACT PHONE NUMBER: (601) 376-4000		
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		
STREET: 21121 Highway 430 Coila, MS 38923		
CITY: Blackhawk/Coila COUNTY: Carroll	ZIP: 38923	
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOULTH Mississippi Office of Geology. For information call 601-961-5523).	NDARIES (Maps c	an be obtained from
see attached /4 OF	ast	
LATITUDE: 33 DEGREES 20 MINUTES 45 SECONDS LONGITUDE: -90 DEGREES 5	MINUTES 42	SECONDS
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): GP		
TOTAL ACREAGE: 168 MATERIAL TO BE MINED: Sand and Gravel		
ESTIMATED START DATE: ESTIMATED END DATE:		
SIC CODE 1442 NAICS CODE 212321	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 EFFECT URRENT BMPS,	IVE IN IWO (2) SPECIFIC
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?	VES 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.	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.	YES or N.A.	NO
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?		
IS MINE DEWATERING PRESENT ON SITE?	YES	NO
The state of the s	V YES	NO
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHAR	GE, FILL OUT BE	Low
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	YES	√N0
PERMIT NO. MS		
DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: <u>>150</u> (FT)		
NUMBER OF RECIRCULATION POND(S): None at this time		-
STORAGE CAPACITY OF EACH RECIRCULATION POND: None at this time.		(FT³)

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PER	MIT FOR MINE DEWATER	RING?	YES	No
PERMIT NO. MS				
ESTIMATED DEWATERING VOLUME: only as needed	(GAL/DAY)			
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHAR	RGE MONITORING REPOR	RTS (DMRs) IF I	HEFEDENT CO.	OM SIGNATORY
Brian Moore		(2)/11/20/	JATERE NI PR	OM SIGNATORY;
I certify under penalty of law that this document and all attachments	s were prepared under my di	rection or superv	ision in accordan	ice with a victor decises
I certify under penalty of law that this document and all attachments to assure that qualified personnel properly gathered and evaluated the system, or those persons directly responsible for gathering the inform and complete. I am aware that there are significant penalties for subviolations. B. Move. Authorized Signature!	eation, the information submitted. Balaxion, the information submitmitting false information, inc	ased on my inquir	y of the person o	r persons who manage th
system, or those persons directly responsible for gathering the inform and complete. I am aware that there are significant penalties for subviolations.	ution the information sub-	ased on my inquir	y of the person o	r persons who manage th
system, or those persons directly responsible for gathering the inform and complete. I am aware that there are significant penalties for subviolations. B. Mory	Date	itted is, to the best cluding the possib	y of the person o	r persons who manage th
system, or those persons directly responsible for gathering the inform and complete. I am aware that there are significant penalties for subiviolations. B. Move Authorized Signature!	eation, the information submitted. Balaxion, the information submitmitting false information, inc	itted is, to the best cluding the possib	y of the person o	r persons who manage th

Section 9, Township 17 North, Range 2 East

All of the SE $\frac{1}{4}$ of the SW $\frac{1}{4}$, South $\frac{1}{2}$ of the NE $\frac{1}{4}$ of the SE $\frac{1}{4}$, All of the NE $\frac{1}{4}$ of the SE $\frac{1}{4}$ and the West $\frac{1}{2}$ of the SW $\frac{1}{4}$ of the SE $\frac{1}{4}$



Section 9, Township 17 North, Range 2 East 168 Acres Blackhawk Pit Number Three (3)

