

AI #66522



RECEIVED
MAY - 1 2018
Dept. of Environmental Quality

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2526 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	<input checked="" type="checkbox"/> OWNER	<input checked="" type="checkbox"/> OPERATOR	(Must check one or both)
OPERATOR CONTACT PERSON:	Larry Gillespie		
OPERATOR COMPANY NAME:	MTN Excavators, INC		
OPERATOR STREET OR P. O. BOX:	PO Box 2489		
OPERATOR CITY:	Oxford	STATE:	MS
		ZIP:	38655
OPERATOR PHONE #:	(662) 816-0840	OPERATOR EMAIL:	mnexcavators@live.com
OWNER CONTACT PERSON:	Lee Marguis		
OWNER COMPANY:	MTN Excavators INC		
OWNER STREET OR P. O. BOX:	PO Box 2489		
OWNER CITY:	Oxford	STATE:	MS
		ZIP:	38655
OWNER PHONE #:	(662) 816-8601	OWNER EMAIL:	mnexcavators@live.com

MINE INFORMATION

MINE SITE NAME: Marquis Mine

CONTACT NAME & POSITION: Lee Marquis

CONTACT PHONE NUMBER: (662) 816-8601

MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: Road 3067

CITY: Oxford COUNTY: Lafayette ZIP: 38655

ATTACH A USGS QUAD MAP, EXTENDING ½ 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: 34 DEGREES 19 MINUTES 08 SECONDS LONGITUDE: 89 DEGREES 32 MINUTES 14 SECONDS

LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): Map Interpolation

TOTAL ACREAGE: 19 MATERIAL TO BE MINED: Dirt

ESTIMATED START DATE: 2-12-2016 ESTIMATED END DATE: 12-31-2024
YYYY-MM-DD YYYY-MM-DD

SIC CODE 1442 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? ☒ 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 WASTEWATER 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)

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING?

☐ YES

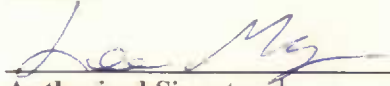
☒ NO

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.



Authorized Signature

4-27-2018

Date

Lee Marquis

Printed Name

President

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.
- 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

F0008

2018064773

Fee: \$ 25



Business ID: 739120
Filed: 02/26/2018 01:39 PM
C. Delbert Hosemann, Jr.
Secretary of State

DELBERT HOSEMANN
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

2018 Corporate Annual Report

Business Information

Business ID: 739120

Business Name: M & N EXCAVATORS, INC.

State of Incorporation: MS

Business Email: mnexcavators@live.com

Phone: (***)***-****

FEIN: **-*****

Principal Address: 215 Power Dr, P. O. Box 2489
Oxford, MS 38655

Registered Agent

Name: LEE MARQUIS

Address: 215 POWERS DR
OXFORD, MS 38655

Officers

Title/Name:

Address:

Director:

President: Marquis, Lee

215 Powers Drive
Oxford, MS 38655

☐

Vice President:

☐

Secretary:

☐

Treasurer:

☐

Stocks

Class:

Authorized:

Series:

Issued:

Common

100

100

Officers List

Name:

Marquis, Lee
President

Address:

215 Powers Drive
Oxford, MS 38655

NAICS Code/Nature of Business

237110 - Water and Sewer Line and Related Structures Construction

237110 - Water and Sewer Line and Related Structures Construction

237110 - Water and Sewer Line and Related Structures Construction

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **02/26/2018**.

Name:

Marquis Lee
President

Address:

17A CR 418
Oxford, MS 38655