

AI # 65797



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MAY - 1 2018
Dept. of Environmental Quality

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 3 9 9. 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).

Facilities that operate wastewater recirculation systems with no discharge under a valid "No Discharge" State Operating Permit can check the appropriate box above to request coverage for these operations under the Mining Storm Water, Dewatering and No Discharge General Permit. MDEQ will then terminate the existing "No Discharge" State Operating Permit and will extend coverage to these operations for an additional five years (until 2017) under the Mining Storm Water, Dewatering and No Discharge General Permit. Facilities discharging mine dewatering under a valid National Pollutant Discharge Elimination System (NPDES) Permit can follow the same procedure to request coverage under the Mining Storm Water, Dewatering and No Discharge General Permit.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

APPLICANT INFORMATION

APPLICANT IS THE ☐ LANDOWNER ☒ OPERATOR (Must check one or both)

OPERATOR CONTACT PERSON: JERRY TRUNNELL

OPERATOR COMPANY NAME: TRUNNELL TRUCKING INC.

OPERATOR STREET (P. O. BOX): P O BOX 9

OPERATOR CITY: TOUGALOO

STATE: MS

ZIP: 39174

PHONE NUMBER: (601) 720-3850

EMAIL ADDRESS: jerrytrunnell@gmail.com

LANDOWNER CONTACT PERSON: CLAUDIA PARKER

LANDOWNER COMPANY: _____

LANDOWNER STREET (P. O. BOX): P O BOX 496

LANDOWNER CITY: CANTON

STATE: MS

ZIP: 39046

PHONE NUMBER: (601) 259-1808

EMAIL ADDRESS: _____

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 WITHIN SIX (6) MONTHS 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 WITHIN SIX (6) MONTHS OF THE DATE OF RECOVERY. IF A MINE IS CURRENTLY INACTIVE, BUT IS SUBMITTING A RECOVERY FORM, THE CONSTRUCTION EXIT MUST BE INSTALLED WITHIN SIX (6) MONTHS OF THE MINE BECOMING ACTIVE.

☒ YES or N.A.

☐ NO

COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE COVERAGE IS REQUESTED

IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?

☐ YES

☐ NO

PERMIT NO. MSU _____

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)

COMPLETE IF MINE DEWATERING COVERAGE IS REQUESTED

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.

Jerry Trunnell
Authorized Signature¹

JERRY TRUNNELL

Printed Name

4/25/2018

Date

OWNER/OPERATOR

Title

¹This 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.

Please submit this form to:

Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

F0008

2018148843

Fee: \$ 25



DELBERT HOSEMANN
Secretary of State

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

Business ID: 570576
Filed: 04/12/2018 04:42 PM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

2018 Corporate Annual Report

Business Information

Business ID: 570576
State of Incorporation: MS
Phone: (***)***-****
FEIN: **-*****

Business Name: TRUNNELL TRUCKING, INC.
Business Email: edwards-amanda@att.net

Principal Address: 345 BRAME RD
RIDGELAND, MS 39157-9727

Registered Agent

Name: May, John
Address: 1110 Alixandria Drive;PO Box 720245
Byram, MS 39272

Officers

Title/Name:

President: Jerry Trunnell

Vice President:

Secretary: Jerry Trunnell

Treasurer:

Address:

345 Brame Rd
Ridgeland, MS 39157

345 Brame Rd
Ridgeland, MS 39157

Director:



Stocks

<i>Class:</i>	<i>Authorized:</i>	<i>Series:</i>	<i>Issued:</i>
Common	0		0
Common	0		0
Common	5000	A	1000

NAICS Code/Nature of Business

238910 - Site Preparation Contractors

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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 **04/12/2018**.

Name:

JERRY TRUNNELL

President

Address:

345 BRAME RD

RIDGELAND, MS 39157