



# **RE-COVERAGE FORM**

#### MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 0 6 7 7. 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 OWNER OPERATOR (Must check one or both)  OPERATOR CONTACT PERSON: Hamp Sterling  OPERATOR COMPANY NAME: WG Yates Construction Company				
OPERATOR STREET OR P. O. BOX: P.O. Box 456				
OPERATOR CITY: Philadelphia STATE: MS ZIP: 39350				
OPERATOR PHONE #: (601) 656-5411 OPERATOR EMAIL: hsterling@wgyates.com				
owner contact person: Same as above				
OWNER COMPANY:				
OWNER STREET OR P. O. BOX:				
OWNER CITY: STATE: ZIP:				
OWNER PHONE #: () OWNER EMAIL:				

#### MINE INFORMATION

CONTACT NAME & POSITION: Hamp Sterling, Environmental Manager  CONTACT PHONE NUMBER: (601) 351-2011  MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		
CONTACT PHONE NUMBER: (601) 351-2011		
STREET: Highway 63 North		
CITY: Moss Point COUNTY: Jackson	ZIP:	
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNT the Mississippi Office of Geology. For information call 601-961-5523).  NE 1 /4 OF NW 1 /4 OF SECTION 25 , TOWNSHIP 6 S , RANGE 6 W		be obtained from
LATITUDE: 32 DEGREES 30 MINUTES 6.9 SECONDS LONGITUDE: 88 DEGREES 32	MINUTES 21 SE	ECONDS
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): 900	ogie maps	
TOTAL ACREAGE: 35 MATERIAL TO BE MINED: Fill Sand	- 10 15	
ESTIMATED START DATE: 1987-10-1 ESTIMATED END DATE: 2022	2-10-15 'Y-MM-DD	
SIC CODE 1442 NAICS CODE	1-MIN-DO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S C BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	YES	WO (2) SPECIFIC  ✓ 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 <u>NO.</u> THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERAGE.	YES or N.A.	NO N/A
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?	YES	✓ NO
IS MINE DEWATERING PRESENT ON SITE?	YES	✓ NO
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHA	RGE, FILL OUT BE	LOW
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:(GAI	L/DAY)
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MON	NITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY:
system, or those persons directly responsible for gathering the information, the and complete. I am aware that there are significant penalties for submitting faviolations.  Authorized Signature	epared under my direction or supervision in accordance with a system designed ation submitted. Based on my inquiry of the person or persons who manage the information submitted is, to the best of my knowledge and belief, true, accurate also information, including the possibility of fine and imprisonment for knowing  4/17/20/18  Date
Homp Sterling Printed Name	Environmental mgr Title
<ul> <li>This application shall be signed according to the General Permit, Act 15, T-4 a</li> <li>For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by either a principal execution officer, the mayor, or ranking elected official.</li> <li>Duly Authorized Representative</li> </ul>	Chief, Environmental Permits Division



#### DELBERT HOSEMANN Secretary of State

## Office of the Secretary of State Jackson, Mississippi

# Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 16th day of December, 1964, the State of Mississippi issued a Charter/Certificate of Authority to:

# W. G. YATES & SONS CONSTRUCTION COMPANY

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said W. G. YATES & SONS CONSTRUCTION COMPANY is in good standing at this time.

Given under my hand and seal of office the 23rd day of April, 2018

C. DELBERT HOSEMANN, JR. Secretary of State

Certificate Number: CN18051182

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

