



## **RE-COVERAGE FORM**

# MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 2 1 2. 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 of at the bottom of this form within 30 days of the date of the	completed and returned to MDEQ at the address printed the Letter of Instruction for Re-Coverage.			
Please indicate the activities to be covered by this Re-Co	overage Form (check all that apply).			
<b>✓</b> Storm Water Discharges Associated with Mining	Mine Dewatering			
<b>✓</b> 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 limit attach proof of its registration with the Mississippi Secret This registration or Certificate of Good Standing must be submittal of this coverage form. Coverage will be issued Mississippi Secretary of State.	etary of State and/or its Certificate of Good Standing. be dated within twelve (12) months of the date of the d in the company name as it is registered with the			
ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)  APPLICANT INFORMATION				
APPLICANT IS THE ☐ OWNER ☐ OPERATOR CONTACT PERSON: Hamp Sterling, PE	ATOR (Must check one or both)			
OPERATOR COMPANY NAME: WG Yates & Sons Construction Company, dba Baldwin Sand & Gravel				
OPERATOR STREET OR P. O. BOX: P.O. Box 456	THE RESERVE OF THE PARTY OF THE			
OPERATOR CITY: Philadelphia	STATE: MS ZIP: 39350			
OPERATOR PHONE #: (601) 656-5411 OPERATOR EMAIL: hsterling@wgyates.com				
OWNER CONTACT PERSON: Dennis Welch				
OWNER COMPANY: N/A				
OWNER STREET OR P. O. BOX: 2439 Leslie Rd.				
OWNER CITY: Pope	STATE: MS ZIP: 38658			
OWNER PHONE #: (662) 563-9224 OWNER I	EMAIL:			

#### MINE INFORMATION

MINE SITE NAME: Panola Pit #1				
CONTACT NAME & POSITION: Robert Peterson, Mining Supervisor				
CONTACT PHONE NUMBER: (601- )573-5080				
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):  STREET: 2439 Leslie Rd				
CITY: Pope COUNTY: Panola	ZIP: 38658			
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).				
SE 1/4 OF SE 1/4 OF SECTION 34 , TOWNSHIP 27N , RANGE 2E				
LATITUDE: 34 DEGREES 10 MINUTES 17.3 ECONDS LONGITUDE: 90 DEGREES 03	MINUTES 45 SI	ECONDS		
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):	ogle Maps			
TOTAL ACREAGE: 65 MATERIAL TO BE MINED: Sand & Gravel				
ESTIMATED START DATE: Reclamation ESTIMATED END DATE: 2020-12-31				
SIC CODE 1442 NAICS CODE	Y-MM-DD			
STORM WATER DOLL LITION DREVENTION BLANGSWIDDS				
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?  JET ON THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?  DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?  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 RECOVERAGE.  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.  IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?  YES NO  IS MINE DEWATERING PRESENT ON SITE?				
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW				
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	YES	<b>✓</b> NO		
PERMIT NO. MS		316		
DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: 800 (FT)				
NUMBER OF RECIRCULATION POND(S): 3				
STORAGE CAPACITY OF EACH RECIRCULATION POND: #1=10 AF, #2=21 AF, #3=7.5 AF		(FT³)		

# IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING?  YES  VOICE				
PERMIT NO. MS				
ESTIMATED DEWATERING VOLUME:(G.	AL/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 designe 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.  4/16/2018  Authorized Signature <sup>1</sup> Date				
Hamp Sterling Printed Name	Date  ENVISONMEN  Title	tal MGR		
<ul> <li>This application shall be signed according to the General Permit, Act 15, T-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 e officer, the mayor, or ranking elected official.</li> <li>Duly Authorized Representative</li> </ul>	Chief, MDEQ P.O. Be	Environmental Permits Division D, Office of Pollution Control ox 2261 n, Mississippi 39225		



#### 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



