



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 3 9 6. 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 co and No Discharge General Permit. This form must at the bottom of this form within 30 days of the date	t be completed a	nd returned to MDE	Q at the address printed
Please indicate the activities to be covered by this R	e-Coverage For	n (check all that app	ly).
Storm Water Discharges Associated with Mini	ing	Mine Dewatering	
Wastewater Recirculation System with No Dis	charge		
The appropriate section of this form must be co recirculation system with no discharge and/or disch			-
If the company seeking coverage is a corporation, a			
attach proof of its registration with the Mississippi S This registration or Certificate of Good Standing m			
submittal of this coverage form. Coverage will be is			
Mississippi Secretary of State.			
ALL INFORMATION MUST BE COM	MPLETED (indi	cate "N/A" where no	t applicable)
APPLIC	CANT INFORMATIO	N .	
APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: Hamp Sterling, PE	PERATOR (Mu	st check one or both)	
OPERATOR COMPANY NAME: WG Yates & Sons Cor	nstruction Com	pany, dba Baldwin	Sand & Gravel
OPERATOR STREET OR P. O. BOX: P.O. Box 456			
OPERATOR CITY: Philadelphia	STATI	MS .	ZIP: 39350
OPERATOR PHONE #: (601) 656-5411	OPERATOR EMAIL	MS hsterling@wgyate	es.com
OWNER CONTACT PERSON: Bennie & Sandra Newell			
OWNER COMPANY: N/A			
OWNER STREET OR P. O. BOX: P.O. BOX 862	140		00004
OWNER CITY: Hazlehurst	STATE: MS		ZIP: 39084
OWNER PHONE #: (601) 864-3080 OW!	NER EMAIL:		

MINE INFORMATION

MINE SITE NAME: Hazlehurst Pit # 2			
CONTACT NAME & POSITION: Robert Pe	eterson, Mining Supervisor		
CONTACT PHONE NUMBER: (601-	,573-5080		
	AILABLE INDICATE NEAREST NAMED ROAD):		
STREET: Highway 28 West off of Old			
		ZIP: 39084	
ATTACH A USGS QUAD MAP, EXTENDING ½ the Mississippi Office of Geology. For information	MILE BEYOND FACILITY, OUTLINING THE MINE BOU	NDARIES (Maps can	be obtained from
	seconds longitude: 90 degrees 3		ECONDS
LAT & LONG DATA SOURCE (GPS (PLEASE G	SPS ENTRANCE GATE) OR MAP INTERPOLATION):	oogle Maps	
TOTAL ACREAGE: 150	MATERIAL TO BE MINED: Sand & Gravel		
ESTIMATED START DATE: 2017-01-01	MATERIAL TO BE MINED: Sand & Gravel ESTIMATED END DATE: 202	28-01-31	
SIC CODE 1442	NAICS CODE		
CTA	RM WATER POLLUTION PREVENTION PLAN (SWPPP)		
THE GENERAL PERMIT REQUIRES THE SWP CONTROLLING STORM WATER POLLUTANT	TS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S	CURRENT BMPS, T	WO (2) SPECIFIC
CONTROLLING STORM WATER POLLUTANT BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE PERMITT! IS A COPY OF THE SWPPP AT THE PERMITT! DOES SWPPP CONTAIN AN UP-TO-DATE ASS POLLUTANT SOURCES AND IDENTIFY BMPS IF A SEDIMENTATION BASIN IS A PROJECT I SURFACE OF THE BASIN? IF NO. THE BASIN FROM THE DATE OF RECOVERAGE. IF TRUCK TRAFFIC LEAVES MINING SITE AND INSTALLED BOTH OF THE DATE OF INACTIVE, BUT IS SUBMITTING A RECOVER INSTALLED IMMEDIATELY OF THE MINE BUT INSTALLED.	IS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S IN THE SWPPP. SED SITE OR LOCALLY AVAILABLE? SESSMENT OF POTENTIAL STORM WATER STO EFFECTIVELY CONTROL THEM? BMP, DOES IT DISCHARGE ONLY FROM THE MUST HAVE A SURFACE DISCHARGE IMMEDIATELY ND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, BMP? IF NO, A CONSTRUCTION EXIT MUST BE OF RECOVERAGE. IF A MINE IS CURRENTLY RAGE FORM, THE CONSTRUCTION EXIT MUST BE	✓ YES ✓ YES YES OF N.A. YES OF N.A.	NO NO NO N/A NO N/A
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IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT	FOR MINE DEWATER	UNG?	YES \ \overline{\sqrt{NO}}\]
PERMIT NO. MS			
ESTIMATED DEWATERING VOLUME:	_(GAL/DAY)		
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE	MONITORING REPOR	ETS (DMRs), IF	DIFFERENT FROM SIGNATORY:
l certify under penalty of law that this document and all attachments we to assure that qualified personnel properly gathered and evaluated the i system, or those persons directly responsible for gathering the informati and complete. I am aware that there are significant penalties for submit violations.	information submitted. Batton, the information submi	ased on my inqui itted is, to the be- cluding the possi	iry of the person or persons who manag st of my knowledge and belief, true, accu ibility of fine and imprisonment for know
Hamp Sterling	Date ?	2	al Mgr
Printed Name	Title		
¹ This application shall be signed according to the General Permit, Act 15 For a corporation, by a responsible corporate officer. For a partnership, by a general partner.	5, T-4 as follows:		ubmit this form to:



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



