

MAY 9 1 2013

Dept of Environmental Chally

## **RE-COVERAGE FORM**

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 0 3 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

The submittal of this form is required to receive coverage under the ressued withing storm. The submittal of this form is required to receive coverage under the ressued 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 Sowner Soperator (Must check one or both)  OPERATOR CONTACT PERSON: San Co-					
OPERATOR CONTACT PERSON: David Danton					
OPERATOR COMPANY NAME: Blain Sandand Gravely INC.					
OPERATOR STREET OR P. O. BOX: 8-0. 136× 1208					
OPERATOR CITY: Mount Olive STATE: 199					
OPERATOR STREET OR P. O. BOX: 1208  OPERATOR CITY: Moont Olive STATE: 195 ZIP: 39/19  OPERATOR PHONE #: (601) 5/7-6748 OPERATOR EMAIL: 1. Squiford G blgin - Co. Com					
OWNER CONTACT PERSON: Same As Above					
OWNER COMPANY:					
OWNER STREET OR P. O. BOX:					
OWNER CITY: STATE: ZIP:					
OWNER PHONE #: () OWNER EMAIL:					

## IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERIN	GG? YES NO				
PERMIT NO. MS	Maria Carlo de Carlo				
ESTIMATED DEWATERING VOLUME:(GAL/DAY)					
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS	S (DMRs), IF DIFFERENT FROM SIGNATORY:				
	a service a section devicement				
I certify under penalty of law that this document and all attachments were prepared under my dire to assure that qualified personnel properly gathered and evaluated the information submitted. Bas					
to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry inquiry inquiry is a system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate system, or those persons directly responsible for gathering the information, including the possibility of fine and imprisonment for knowing and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing					
violations.					
Gaid Gold 4-26-	4-26-18				
Authorized Signature Date					
David Sanford Manag	20-				
Printed Name Title					
This application shall be signed according to the General Permit, Act 15, T-4 as follows:	Please submit this form to:				
<ul> <li>For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> </ul>	Chief, Environmental Permits Division				
For a sole proprietorship, by the proprietor.	MDEQ, Office of Pollution Control				
<ul> <li>For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official.</li> </ul>					
	P.O. Box 2261 Jackson, Mississippi 39225				



## DELBERT HOSEMANN Secretary of State

## This is not an official certificate of good standing.

Name History

Name

Name Type

BLAIN SAND & GRAVEL, INC.

Legal

**Business Information** 

**Business Type:** 

**Profit Corporation** 

Business ID:

410892

Status:

Good Standing

Effective Date:

10/06/1965

State of Incorporation:

Mississippi

Principal Office Address:

98 PEARCE ROAD, POBOX 1208

MT OLIVE, MS 39119

Registered Agent

Name

W.W. BLAIN JR

98 PEARCE RD, PO BOX 1208

MT OLIVE, MS 39119

Officers & Directors

Name

Title

Norman G Stevens Jr

98 Pearce Rd

Mt Olive, MS 39119

Incorporator

Robert Lee Stevens

PO Box1208

Mt Olive, MS 39119

Director, President

Michael R Blain

PO Box1208

Director, Vice President

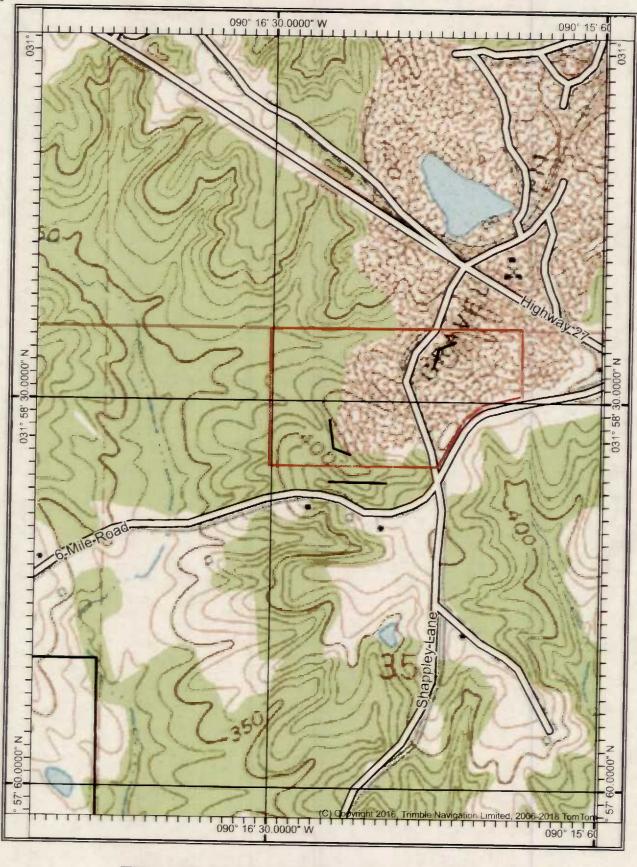
https://corp.sos.ms.gov/corp/portal/c/page/corpBusinessIdSearch/portal.aspx

4/26/2018

MT. OLIVE, MS 39119

James W Brewer Jr 98 Pearce Rd Mt Olive, MS 39119

Director, Secretary, Treasurer





	MINE SITE NAME: DUNGN YOUT				
	MINE SITE NAME: DOVOV 1-14				
	CONTACT NAME & POSITION: David Sanford Manager				
	3/1-6/46				
	MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):				
	STREET: Dex mile boad				
	CITY: Cry5 +91 Springs COUNTY: Copias	20			
	ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE REVOND FACILITY OF THE	_ ZIP: 390	25.9		
	ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from				
	LATITUDE: 3/ DECREES 3/ AND 3/26 TOWNSHIP W , RANGE /	w			
	DEGREES MINUTES SECONDS LONGITUDE OF DECREES	15	CECONE.		
	DATA SOURCE (GPS (PLEASE GPS ENTRANCE CATE) OF MAR POPULATION	. 1 -	SECONDS		
	MATERIAL TO BE MINED:	1			
1	ESTIMATED START DATE: 10-10-16  YYYY-MM-DD  ESTIMATED END DATE: 12-	10 20			
1	SIC CODE 1442 YYYY-MM-DD ESTIMATED END DATE: 12-  NAICS CODE	YY-MM-DD			
	STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.					
1	S A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	<b>VES</b>	NO		
	OES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER OLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?	YES	□NO		
FI	FA SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE CREACE OF THE BASIN? IF NO. THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY ROM THE DATE OF RECOVERAGE.	YES or N.A.	□ NO		
IN	TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO, A CONSTRUCTION EXIT MUST BE STALLED IMMEDIATELY OF THE DATE OF RECOVERAGE. IF A MINE IS CURRENTLY ACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE STALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.	YES or N.A.	NO		
IS	A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	DVE			
IS	MINE DEWATERING PRESENT ON SITE?	VES	No		
		YES	NO		
	IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHAR	GE, FILL OUT BEL	ow		
	THRE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	YES	NO		
PEI	RMIT NO. MS				
DIS (MU	TANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE:(FT)				
NUI	MBER OF RECIRCULATION POND(S):				
	PRAGE CAPACITY OF EACH RECIRCULATION POND:				
	ZASTABOLICOLATION FUND:		_(FT³)		