

AI #49353



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MDEQ

## RE-COVERAGE FORM

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

**GENERAL PERMIT: MSR32 1 9 0 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 ReCoverage.

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		<input type="checkbox"/> OWNER	<input checked="" type="checkbox"/> OPERATOR	(Must check one or both)
OPERATOR CONTACT PERSON: <u>Scottie Walters</u>				
OPERATOR COMPANY NAME: <u>Walters Development</u>				
OPERATOR STREET (P. O. BOX): <u>2051 Highway 84 East</u>				
OPERATOR CITY: <u>Laurel</u>	STATE: <u>MS</u>	ZIP: <u>39443</u>		
PHONE NUMBER: <u>(601) 428-5515</u>	EMAIL ADDRESS: <u>scottie@waltersconstructionco.com</u>			
OWNER CONTACT PERSON: <u>Irene Renteral</u>				
OWNER COMPANY: _____				
OWNER STREET (P. O. BOX): <u>2715 Pendorff Rd Lot 14</u>				
OWNER CITY: <u>Laurel</u>	STATE: <u>MS</u>	ZIP: <u>39440</u>		
PHONE NUMBER: <u>(601) 408-0019</u>	EMAIL ADDRESS: _____			

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING?

☐

YES

☐

NO

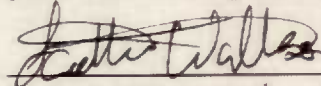
PERMIT NO. MS \_\_\_\_\_

ESTIMATED DEWATERING VOLUME: \_\_\_\_\_ (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.



Authorized Signature<sup>1</sup>

4/25/2018

Date

Scottie Walters

Printed Name

President

Title

<sup>1</sup>This 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.
- Duly Authorized Representative

Please submit this form to:

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