

# RECEIVED MAY 07 2018

Dept. of Environmental Quality

# RE-COVERAGE FORM

# MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 2 1 5. 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.

be found at the bottom text	Water Dowate	THE
ne submittal of this form is required to receive coverage unde	er the reissued Mining Storm Water, Dewater	nted
ne submittal of this form is required to receive coverage unde ad No Discharge General Permit. This form must be complete the days of the date of the Lette	ed and returned to MDEQ at the address pro	IIICu
d No Discharge General Permit. This form must be competed	r of Instruction for Re-Coverage.	
the bottom of this form within 30 days of		
lease indicate the activities to be covered by this Re-Coverage l	Form (check all that apply).	
lease indicate the activities to be covered by this Re-Coverage	orm (career	
	Mine Dewatering	
Storm Water Discharges Associated with Mining	White Bernard	
Wastewater Recirculation System with No Discharge		
The appropriate section of this form must be completed if	depression of the proposes to operate a waster	wate
a reprinte section of this form must be completed if	the applicant proposes to 1	
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	- anthorehin of a unsuless u	rust
f the company seeking coverage is a corporation, a limited liah ttach proof of its registration with the Mississippi Secretary of	oility company, a partnership, of a business	g.
f the company seeking coverage with the Mississippi Secretary of	f State and/or its Certificate of Good State of the	
the company seeking co- attach proof of its registration with the Mississippi Secretary of this registration or Certificate of Good Standing must be dated this registration or Certificate of Governge will be issued in the	d within twelve (12) months of the date of the	
This registration or Certificate of Good Standing must be dated the submittal of this coverage form. Coverage will be issued in the	company name as it is registered with the	
ubmittal of this coverage form. Coverage		
Mississippi Secretary of State.	r Max	
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# IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

S MINE COVERED UNDER VALID NPDES DISCHARGE PE	RMIT FOR MINE DEWATER	RING? YES NO
ERMIT NO. MS		
STIMATED DEWATERING VOLUME:	(GAL/DAY)	
AME AND ADDRESS OF THE RECIPIENT OF THE DISCHA		RTS (DMRs), IF DIFFERENT FROM SIGNATORY:
		to a consequision in accordance with a system flex
ertify under penalty of law that this document and all attachm assure that qualified personnel properly gathered and evaluate	ents were prepared under my ed the information submitted.	Based on my inquiry of the person or ped ballef true
assure that qualified personnel properly gathered and evaluate stem, or those persons directly responsible for gathering the info d complete. I am aware that there are significant penalties for	ormation, the information sub- submitting false information, i	nitted is, to the best of my knowledge and belief, true, ac- ncluding the possibility of fine and imprisonment for kn
plations.		
and all dam	(	1-19-19
arthurs Odam	Date	1-19-18
uthorized Signature	Date	
athorized Signature	Date Pre	1-19-18 sident
Arthur S. Odom	Date	sident
rinted Name  his application shall be signed according to the General Permit	Date Pred Title	
Printed Name  Chis application shall be signed according to the General Permit  For a corporation, by a responsible corporate officer.	Date Pred Title	Please submit this form to:
Printed Name  Chis application shall be signed according to the General Permit	Date  Pred  Title t, Act 15, T-4 as follows:	sident

**Duly Authorized Representative** 

# F0008

Fee: \$ 25

## 2018071495



DELBERT HOSEMANN Secretary of State Business ID: 695617 Filed: 03/05/2018 09:29 AM C. Delbert Hosemann, Jr. Secretary of State

TELEPHONE: (601) 359-1633

P.O. BOX 136 JACKSON, MS 39205-0136

2018 Corporate Annual Report

Business Name: M & O SERVICES, INC.

Business Email: arthursodom1234@att.net

# **Business Information**

Business ID: 695617

State of Incorporation: MS

**Phone:** (\*\*\*)\*\*\*\_\*\*\*\*

FEIN: \*\*\_\*\*\*\*\*

Principal Address:

1315 patton creek road waynesboro, MS 39367

#### Registered Agent

Name:

ARTHUR S ODOM

1315 PATTON CREEK RD

Address: WAYNESBORO, MS 39367

#### Officers

Title/Name:	Address:	Director:
President: Arthur S Odom	138 Matherville-frost Bridge Rd Waynesboro, MS 39367	Z
Vice President:		D
Secretary: Kathy M Odom	138 Matherville Frost Bridge Rd Waynesboro, MS 39367	Z
Treasurer: Kathy M Odom	138 Matherville Frost Bridge Rd Waynesboro, MS 39367	Ø

#### Stocks

Class:	Authorized:	Series:	Issued:
Common	0		_0
Common	0		0
Common	100		100

# NAICS Code/Nature of Business

238990 - All Other Specialty Trade Contractors

238990 - All Other Specialty Trade Contractors

238990 - All Other Specialty Trade Contractors

#### Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day 03/05/2018.

#### Name:

#### Address:

Kathy M Odom

138 Matherville Frost Bridge Rd

Secretary

Waynesboro, MS 39367



#### DELBERT HOSEMANN Secretary of State

This is not an official certificate of good standing.

Name History

Name

M & O SERVICES, INC

Name Type

Legal

Business Information

Business Type:

Profit Corporation

Business ID:

695617

Status:

Good Standing

Effective Date:

12/19/2000 Mississippi

State of Incorporation:

Principal Office Address:

1315 patton creek road

waynesboro. MS 39367

Registered Agent

Name

ARTHUR'S ODOM 1315 PATTON CREEK RD WAYNESBORO, MS 39367

Officers & Directors

Name

Title

Arthur S Odom

138 Matherville-frost Bridge Rd

Waynesboro, MS 39367

incorporator

Arthur S Odom

138 Matherville-frost Bridge Rd

Waynesboro, MS 39367

Director, President

Kathy M Odom

138 Matherville Frost Bridge Rd

Waynesboro, MS 39367

Director, Secretary, Treasurer

		MINE SITE NAME: M and O Social MINE INFORMATION			. š.
		MINE SITE NAME: M and O Services, Inc., Beat Four M CONTACT NAME & POSITION: Arthur S. Odom Provide	line		
N.		CONTACT NAME & POSITION: Arthur S. Odom, President  CONTACT PHONE NUMBER: (601) 410-7115			
		MINE PHYSICAL SITE ADDRESS TO 410 - 7115			
*		MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD): STREET: Gravel Pit Road of Clara West Re CITY: Waynesboro COUNTY: Jal			- 2
1		CITY Was I Road of Clara West D.	- 1		
	1	COUNTY: Wayne	ad		
	ti	CITY: Waynes boro County: Wayne  ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BE  WWW 1/4 OF NW 1/4 OF SECTION 26	ZIP: _3°	9367	Đ.
	1	ATITUDE: DEGREES MINUTES SECONDS	OUNDARIES (Map	s can be obtained	from
#.	L	ATTITUDE:DEGREESMINUTESSECONDSDEGREES	8 West		
	1./	AT & LONG DATA SOURCE (CD2)	MINUTES	SECONDO	
	TO	OTAL ACREAGE: 22 MATERIAL TO BE MINED: GRAVE TIMATED START DATE: JUNE 2017	-	_ SECONDS	
		TIMATED START DATE: The 2012			
	SIC	CODE 1442 YYYY-MM-DD ESTIMATED END DATE:	ran 2023		2 - 44,0
L	-	NAICS CODE 238990	YYY-MM-DD		
ar E					
	ТНІ	STORM WATER POLLUTION PREVENTION PLAN (SWPPP)  E GENERAL PERMIT REQUIRES THE SWPPP TO NO.			× ×
	BM)	E GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-D NTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S PS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.	PATE AND EFFECT	TIVE IN	
			CURRENT BMPS,	TWO (2) SPECIF	FIC
1	5.4	COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	7		
L D	ЮE.	S SWPPP CONTAIN AND AND AND AND AND AND AND AND AND AN	WES	NO	
P	OLI	S SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER SEDIMENTATION TO BE SEDIMENTATION TO BE SEDIMENTATION.	VYES	No	
					Lie **
FI	ROA	ACE OF THE BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE ACE OF THE BASIN? IF NO, THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY	Toler - N		1
IF	TR	UCK TRAFFIC LEAVES MINING	YES or N.A.	NO	
IN	A C	ONSTRUCTION EXIT AN INSTALLED BMP? IF NO, A CONSTRUCTION EXIT MUST BE TIVE. BUT IS SUBMITTING A RECOVERAGE FORM THE CONSTRUCTION EXIT MUST BE	VES or N.A.	NO	1 A
1 4	783	TIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE ALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.			
2	MIN	ASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?  THE DEWATERING PRESENT ON SITE?	YES	Tiko	
w.y.	1	DE VIATERING PRESENT ON SITE?	YES		
į.				Пио	**
	L.	IF CHECKED YES TO WASTERWATER DECIDORS			
	illy	IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	E, FILL OUT BEL	OW	
i i	₹MI	T NO. MS	YES	NO	7 2
		NCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE:(FT) BE AT LEAST 150 FEET)			
UA	IBE	R OF RECIRCULATION POND(S):			
Ю	RAC	GE CAPACITY OF EACH RECIRCULATION POND:			
1	100			_ (FT <sup>3</sup> )	