



## **RE-COVERAGE FORM**

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

GENERAL PERMIT: MSR32 0 2 4 1 . 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

nd No Discharge General Per t the bottom of this form with	nin 30 days of the date of the Letter of Instruction for	Re-Coverage.
lease indicate the activities to	be covered by this Re-Coverage Form (check all that	apply).
X Storm Water Discharges	Associated with Mining Mine Dewater	ing
	n System with No Discharge	
ecirculation system with no d	his form must be completed if the applicant propo lischarge and/or discharge impounded mine water (de	
ttach proof of its registration	age is a corporation, a limited liability company, a par a with the Mississippi Secretary of State and/or its Cer te of Good Standing must be dated within twelve (12) of m. Coverage will be issued in the company name as it	months of the date of the
ubmittal of this coverage for Mississippi Secretary of State	m. Coverage will be issued in the company	
		(linabla)
ALL INFORMA	TION MUST BE COMPLETED (indicate "N/A" whe	ere not applicable)
ALL INFORMA	TION MUST BE COMPLETED (indicate "N/A" whe	ere not applicable)
	APPLICANT INFORMATION	
APPLICANT IS THE XOWNED PERSON:	APPLICANT INFORMATION  ER XOPERATOR (Must check one or both both both both both both both both	
APPLICANT IS THE XOWNED DERATOR CONTACT PERSON:DERATOR COMPANY NAME:	APPLICANT INFORMATION  ER XOPERATOR (Must check one or both Lester Williams  Dickerson & Bowen, Inc.	
APPLICANT IS THE XOWNED DERATOR CONTACT PERSON:DERATOR COMPANY NAME:	APPLICANT INFORMATION  ER	th)
APPLICANT IS THE XOWNED DPERATOR CONTACT PERSON: DPERATOR COMPANY NAME: DPERATOR STREET OR P. O. BOX: Brookhave	APPLICANT INFORMATION  ER XOPERATOR (Must check one or both Lester Williams  Dickerson & Bowen, Inc.  P.O. Box 1008  The state of the s	zip: 39602
APPLICANT IS THE XOWNED DPERATOR CONTACT PERSON: DPERATOR COMPANY NAME: DPERATOR STREET OR P. O. BOX: Brookhave	APPLICANT INFORMATION  ER	zip: 39602
APPLICANT IS THE XOWNED OPERATOR CONTACT PERSON:	APPLICANT INFORMATION  ER	zip: 39602
OPPERATOR CONTACT PERSON:  OPPERATOR COMPANY NAME:  OPPERATOR STREET OR P. O. BOX:  OPPERATOR CITY:  OPPERATOR PHONE #: 601  OWNER CONTACT PERSON:  OWNER COMPANY:	APPLICANT INFORMATION  ER	zip: 39602
APPLICANT IS THE XOWNED OPERATOR CONTACT PERSON:	APPLICANT INFORMATION  ER	zip: 39602
APPLICANT IS THE XOWNED OPERATOR CONTACT PERSON:  OPERATOR COMPANY NAME:  OPERATOR STREET OR P. O. BOX: OPERATOR CITY: Brookhave: OPERATOR PHONE #: (601)  OWNER CONTACT PERSON:  OWNER COMPANY:  OWNER STREET OR P. O. BOX:	APPLICANT INFORMATION  ER	ZIP: 39602

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

IS MINE COVERED UNDER VALID NPDES DISCHARGE F		
	PERMIT FOR MINE DEWATERING?	YES NO
PERMIT NO. MS		
ESTIMATED DEWATERING VOLUME:	(GAL/DAY)	
NAME AND ADDRESS OF THE RECIPIENT OF THE DISC	HARGE MONITORING REPORTS (DMF	Rs), IF DIFFERENT FROM SIGNATORY:
I certify under penalty of law that this document and all attach to assure that qualified personnel properly gathered and evalua	ated the information submitted. Based on m	vinguing of the person or person who make
system, or those persons directly responsible for gathering the in and complete. I am aware that there are significant penalties fo violations.	nformation, the information submitted is, to	the best of my knowledge and belief, true, accur
and complete. I am aware that there are significant penalties fo violations.	nformation, the information submitted is, to or submitting false information, including th	the best of my knowledge and belief, true, accur
and complete. I am aware that there are significant penalties fo violations.	nformation, the information submitted is, to	the best of my knowledge and belief, true, accur
and complete. I am aware that there are significant penalties fo violations.	nformation, the information submitted is, to or submitting false information, including th	the best of my knowledge and belief, true, accur
and complete. I am aware that there are significant penalties fo violations.  Authorized Signature <sup>1</sup>	nformation, the information submitted is, to or submitting false information, including the Date	the best of my knowledge and belief, true, accur

**Duly Authorized Representative** 

MINE INFORMATION		
MINE SITE NAME: Riverside Gravel		
CONTACT NAME & POSITION: Lester Williams		
CONTACT PHONE NUMBER: ( 601 ) 833-4291		
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		
STREET: 486 St Paul Road		
CITY: Tylertown COUNTY: Walthall	71B. 3966	57
ATTACH A USGS QUAD MAP, EXTENDING % MILE REVOND FACILITY OUTLINESS THE ANNUAL	NDADIEC (A	
		an be obtained from
	BE	
LATITUDE: DEGREES MINUTES SECONDS LONGITUDE: DEGREES	MINUTES	SECONDS
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):	See Alle	
TOTAL ACREAGE: 240 MATERIAL TO BE MINED: Sand & Gravel		
ESTIMATED START DATE:  YYYY-MM-DD  SIC CODE  SIC CODE  YYOUR CODE		
SIC CODENAICS CODE	YY-MM-DD	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)  THE GENERAL PERMIT REQUIRES THE CHARREST AND ASSOCIATION PLAN (SWPPP)		
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-D. CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S (BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.	ATE AND EFFECT CURRENT BMPS,	IVE IN IWO (2) SPECIFIC
AS A CORP OF THE STATE OF THE S		
IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	XYES	NO
DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?	X YES	No
IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF <u>NO.</u> THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERAGE.	X YES or N.A.	□NO
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.	X YES or N.A.	NO
S A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	X YES	□NO
S MINE DEWATERING PRESENT ON SITE?	YES	XNO
		<u>A</u>
IF CHECKED UPS TO WASTERNAL		
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHAR	GE, FILL OUT BE	LOW
S MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	XYES	NO
PERMIT NO. MS 3 2 0 2 4 1		
DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: 500 (FT)		
UMBER OF RECIRCULATION POND(S):1		y miles
TORAGE CAPACITY OF EACH RECIRCULATION POND:		(FFE3)
		(FT <sup>3</sup> )