



## RECEIVED MAY 0 8 2018

Dept. of Environmental Quality

## **RE-COVERAGE FORM**

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

GENERAL PERMIT: MSR32 0406. 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 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 regis Mississippi Secretary of State.	stered with the	
ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not a	applicable)	
APPLICANT INFORMATION		
APPLICANT IS THE OWNER OPERATOR (Must check one or both)		
OPERATOR CONTACT PERSON: A MINISTER DOPPED TITE		
OPERATOR COMPANY NAME: DESIS Grovel		
OPERATOR STREET OR P. O. BOX: FIUBUX 471		
OPERATOR CITY: WESSON STATE: MS.	ZIP: 3919/	
OPERATOR CITY: WESSON STATE: MS.  OPERATOR PHONE #: 601 643-2103 OPERATOR EMAIL: MUNI		
OWNER CONTACT PERSON: RISTAND DORPES TITS	The second	
OWNER COMPANY: DRAS Gracel		
OWNER STREET OR P. O. BOX: 2407 Sumset RP		
OWNER COMPANY: STATE: MS  OWNER CITY: U-ESSUP 1 STATE: MS  OWNER PHONE #: (611) 643-2103 OWNER EMAIL: NOTE	ZIP: 39191	
OWNER PHONE #: (B11) 643-2103 OWNER EMAIL: DUNG		

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

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING	G? 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 direct to assure that qualified personnel properly gathered and evaluated the information submitted. Based system, or those persons directly responsible for gathering the information, the information submitted and complete. I am aware that there are significant penalties for submitting false information, includiviolations.  Authorized Signature  Date  Printed Name  Title	on my inquiry of the person or persons who manage the	
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	

