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MAY 8 8 2018

Dept. of Environmental Quality

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 0 9 05. 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

Please indicate the activities to be covered by this Re-Coverage Form (check all that apply). Storm Water Discharges Associated with Mining	and No Discharge G at the bottom of this	s form is required to receive coverage under the reissued Mining Storm Water, Dewatering eneral Permit. This form must be completed and returned to MDEQ at the address printed form within 30 days of the date of the Letter of Instruction for Re-Coverage.
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 OWNER OPERATOR (Must check one or both) OPERATOR CONTACT PERSON: APPLICANT STATE: DOS. OPERATOR STATE: DOS. STATE: DOS. ZIP: 39/9/ OPERATOR PHONE #: (W.) 64/3-21/3 OPERATOR EMAIL: DOCA OWNER CONTACT PERSON: RECOMPANY: DEPUT STATE OWNER COMPANY: DE		
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OPERATOR COMPANY NAME: SURGES GROWLE OPERATOR STREET OR P. O. BOX: P. U BOX 471 OPERATOR CITY: LUISSON STATE: D.S. ZIP: 39/9/ OPERATOR PHONE #: (W) 643-2103 OPERATOR EMAIL: DON OWNER CONTACT PERSON: RUMAND DIPLIFIT	OPERATOR CONTACT PERS	SON: R. Way Della (Must check one or both)
OPERATOR CITY: LUCISCON STATE: DD. ZIP: 39191 OPERATOR PHONE #: (W), 643-2103 OPERATOR EMAIL: DCOL OWNER CONTACT PERSON: RICHARD DIPLIFITY OWNER COMPANY: DIPLIS bravel	OPERATOR COMPANY NAM	IE: SAIRAIS CONTAIN
OPERATOR PHONE #: (W) 643-2103 OPERATOR EMAIL:	1	1 400 0
OWNER COMPANY: SIPPLS Grevel	OPERATOR PHONE #:	1) 643-2103 OPERATOR EMAIL: 1000
OWNER COMPANY: ISPRIS bravel	OWNER CONTACT PERSON:	Kilhard Dong, et
OWNER STREET OR P. O. POV.	OWNER COMPANY:	NPS brevel
OWNER STREET OR P. O. BOX: PIC BOX 47/1 OWNER CITY: MSSCM STATE: MS TO 39 PM	OWNER CITY: LUCSS	$m \sim ms$
OWNER PHONE #: DU 643-2103 OWNER EMAIL: NON	OWNER PHONE #: DU	AUZ DINE STATE: 111

 (FT^3)

NUMBER OF RECIRCULATION POND(S): __

STORAGE CAPACITY OF EACH RECIRCULATION POND:

	PH L OF
IF CHECKED YES TO MINE DEWATERING, IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING, IN PERMIT NO. M.C.	FILL OUT BELOW
PERMIT NO. MS	YES NO
ESTIMATED DEWATERING VOLUME:	
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONTH	
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPO	ORTS (DMRs), IF DIFFERENT FROM SIGNATORY:
I certify under penalty of law the control of the certify under penalty of law the certification of law the certifi	
to assure that qualified personnel properly gathered and evaluated the information and the system or those personnel properly gathered and evaluated the information and the information and the information are the system.	irection or supervision in accordance with a suction
to assure that qualified personnel properly gathered and evaluated the information submitted. B system, or those persons directly responsible for gathering the information, the information submitted. B and complete. I am aware that there are significant penalties for submitting tales information.	irection or supervision in accordance with a system designe ased on my inquiry of the person or persons who manage th itted is, to the best of my knowledge and belief are
to assure that qualified personnel properly gathered and evaluated the information submitted. By system, or those persons directly responsible for gathering the information, the information submitted. I am aware that there are significant penalties for submitting false information, including the information of the information in the property of the information in the info	irection or supervision in accordance with a system designe ased on my inquiry of the person or persons who manage th itted is, to the best of my knowledge and belief, true, accurat cluding the possibility of fine and imprisonment for knowing
violations violations are significant penalties for submitting false information, in	itted is, to the best of my knowledge and belief, true, accurate cluding the possibility of fine and imprisonment for knowing
I certify under penalty of law that this document and all attachments were prepared under my document to assure that qualified personnel properly gathered and evaluated the information submitted. By and complete. I am aware that there are significant penalties for submitting false information, including the information of the informat	itted is, to the best of my knowledge and belief, true, accurate cluding the possibility of fine and imprisonment for knowing
Authorized Signature Record De Res 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	itted is, to the best of my knowledge and belief, true, accurate cluding the possibility of fine and imprisonment for knowing
Authorized Signature Date Printed Name Title	irection or supervision in accordance with a system designe ased on my inquiry of the person or persons who manage the itted is, to the best of my knowledge and belief, true, accurate cluding the possibility of fine and imprisonment for knowing 2018
Authorized Signature Date Printed Name Title This application shall be signed according to the General Permit, Act 15, T-4 as follows:	itted is, to the best of my knowledge and belief, true, accurate cluding the possibility of fine and imprisonment for knowing
Authorized Signature Printed Name Title This application shall be signed according to the General Permit, Act 15, T-4 as follows: For a partnership, by a general partner. For a sole proprietorship by the	itted is, to the best of my knowledge and belief, true, accurate cluding the possibility of fine and imprisonment for knowing 2018 Please submit this form to:
Authorized Signature Date Printed Name Title This application shall be signed according to the General Permit, Act 15, T-4 as follows: For a corporation, by a responsible corporate officer.	itted is, to the best of my knowledge and belief, true, accurate cluding the possibility of fine and imprisonment for knowing 2018



