



RE-COVERAGE FORM

MDEO

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR 32 2 5 4 6. This coverage number must be competed 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 with 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).		
X 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 LANDOWNER X OPERATOR (Must check one or both)		
OPERATOR CONTACT PERSON: Andrew T. Donahoe		
OPERATOR COMPANY NAME: Green Brothers Gravel Company		
OPERATOR STREET (P. O. BOX): 5179 Harmony Road		
OPERATOR CITY: Crystal Springs STATE: MS ZIP: 39059		
OPERATOR PHONE #:(601) 892-3611 OPERATOR EMAIL gbgc@greenbrothersgravel.com		
LANDOWNER CONTACT PERSON:		
LANDOWNER COMPANY NAME:		
LANDOWNER STREET (P. O. BOX):		
LANDOWNER CITY: STATE: ZIP:		
OWNER PHONE #: () OWNER EMAIL:		

MINE INFORMATION		
MINE SITE NAME: Harmony Mine 5		
CONTACT NAME & POSITION: Jackie Mullins, Mine Supervisor		
CONTACT PHONE NUMBER: 769-572-6205		
MINE SITE PHYSICAL ADDRESS (IF NOT AVAILABLE, INDICATE NEAREST NAMED ROAD:		
STREET: 4008 South Harmony Rd		
CITY: Crystal Springs COUNTY: Copiah	ZIP: 39059	
ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES.		
(Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).		
NE 1/4 OF SW 1/4 OF SECTION 23 , TOWNSHIP 1N , RANGE	1W	
LATITUDE: 31 DEGREES 55 MINUTES 20 SECONDS LONGITUDE: 90 DEGR	REES 16 MINUTES 43 SECONDS	
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):	GPS	
TOTAL ACREAGE: 11 MATERIAL TO BE MINED Sand and gravel		
ESTIMATED START DATE: 2016-03-10 ESTIMATED END DATE: 2019-12		
SIC CODE 1442 NAICS CODE 212321	YYY-MM-DD	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S CURRENT BMPS, TWO (2) SPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.		
IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	X YES 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 NO, THE BASIN MUST HAVE A SURFACE DISCHARGE WITHIN SIX (6) MONTHS 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 WITHIN SIX (6) MONTHS OF BECOMING ACTIVE.	X YES NO	
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	X YES NO	
IS MINE DEWATERING PRESENT ON SITE?	YES X NO	
IF CHECKED YES TO WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW		
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	YES X NO	
PERMIT NO. MSU		
DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: (MUST BE AT LEAST 150 FEET)	N/A (FT)	
NUMBER OF RECIRCULATION POND(S):		
STORAGE CAPACITY OF EACH RECIRCULATION POND-	(FT3)	

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

PERMIT NO. MSU

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

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

Printed Name

May 7, 2018

Date

Andrew T. Donahoe

President

Title

¹ 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



DELBERT HOSEMANN Secretary of State

This is not an official certificate of good standing.

Name History

Name
GREEN BROTHERS GRAVEL COMPANY

Name Type

Legal

Business Information

Business Type:

Profit Corporation

Business ID:

203026

Status:

Good Standing

Effective Date:

04/01/1957

State of Incorporation:

Mississippi

Principal Office Address:

5179 Harmony Rd

Crystal Springs, MS 39059

Registered Agent

Name

HEYWARD CARTER GREEN

5179 Harmony Road

Crystal Springs, MS 39059

Officers & Directors

Name

Title

Andrew T Donahoe

5179 Harmony Road

Crystal Springs, MS 39059

Director, President

Heyward C Green

PO Box 1271

Madison, MS 39130

Director, Vice President

Waiya M. Conerly PO Box 1271

Director, Secretary, Treasurer

Madison, MS 39130

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Carolyn H. Green PO Box 1271 Madison, MS 39130

Director, Assistant Secretary, Assistant Treasurer

