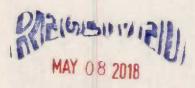
AT# 93396







RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR 32 0 0 3 8. 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 Distance of this form is required to r	receive coverage under the reissued Mining St.
and No Discharge General Permit. This for	receive coverage under the reissued Mining Storm Water, Dewatering orm must be completed and returned to MDEQ at the address printed edate of the Letter of Instruction 6.
at the bottom of this form with 30 days of the	e date of the Letter of Instruction for Re-Coverage.
	Letter of histiaction for Re-Coverage
rlease indicate the activities to be covered by	by this Re-Coverage Form (check all that apply).
	coverage Form (check all that apply).
X Storm Water Discharges Associated	with Mining
X Wastewater Recirculation System wit	th No Direct
	tu No Discharge
The appropriate section of this form must	t be completed if the applicant proposes to operate a wastewater
recirculation system with no discharge and/or	discharge in the applicant proposes to operate a wastewater
II the company seeking coverage is a com-	
attach proof of its registration with the Mississ	sippi Socretary Company, a partnership, or a business trust,
This registration or Certificate of Good Standi	State and/or its Certificate of Good Standing.
submittal of this coverage form Coverage	ing must be dated within twelve (12) months of the date of the
Mississippi Secretary of State.	Ing must be dated within twelve (12) months of the date of the libe issued in the company name as it is registered with the
state.	A STATE OF THE STA
ALL INFORMATION MUCT DE	F COVER
THE INTORMATION MUST BE	E COMPLETED (indicate "N/A" where not applicable)
API	E COMPLETED (indicate "N/A" where not applicable)
API	E COMPLETED (indicate "N/A" where not applicable) PLICANT INFORMATION
APPLICANT IS THE LANDOWNER	PLICANT INFORMATION
APPLICANT IS THE LANDOWNER	PLICANT INFORMATION X OPERATOR (Must check one or both)
APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Andrew T	PLICANT INFORMATION
APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Andrew T	PLICANT INFORMATION X OPERATOR (Must check one or both) T. Donahoe
APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Andrew T OPERATOR COMPANY NAME: Green Bro	PLICANT INFORMATION X OPERATOR (Must check one or both)
APPLICANT IS THE LANDOWNER OPERATOR CONTACT PERSON: Andrew T OPERATOR COMPANY NAME: Green Bro	PLICANT INFORMATION X OPERATOR (Must check one or both) T. Donahoe Tothers Gravel Company
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	MINE SITE NAME: Harmony Mine			
	CONTROL OF THE CONTRO			
	. 00 012-0200			
	MINE SITE PHYSICAL ADDRESS (IF NOT AVAILABLE, INDICATE NEAREST NAMED ROAD:			
	STREET: 4008 South Harmony Rd			
	CITY: Crystal Springs COUNTY: Copiah	ZIF	: 39059	
1	ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BOUND/	- ARIES.		
	The state of the massississississississississis of Geology. For information call 601-961-5523).			
	N 1/2 OF NW OF SECTION 22	1W		AND
	LATITUDE: 31 DEGREES 55 MINUTES 20 SECONDS LONGITUDE: 90 DEGREES	1W		
	LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):	16	MINUTES 4	SECONDS
	TOTAL ACREACE	GPS		
	MATERIAL TO BE MINED Sand and g	ravel		
	YYYY-MM-DD ESJIMATED END DATE: 2019-12-31			
L	SIC CODE 1442 NAICS CODE 212321	1-DD		
	STORM WATER POLLUTION PREVENTION PLAN (SWPPP)			
III SI SI III	CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S CURRESPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP. SA COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? SOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? FA SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE URFACE OF THE BASIN? IF NO, THE BASIN MUST HAVE A SURFACE DISCHARGE WITHIN IX (6) MONTHS FROM THE DATE OF RECOVERAGE.	XXX	YES YES or N.A.	NO NO NO
IN IN IS	STALLED IMMEDIATELY OF THE DATE OF RECOVERAGE. IF A MINE IS CURRENTLY ACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE STALLED WITHIN SIX (6) MONTHS OF BECOMING ACTIVE. A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?		YES	NO NO
15	MINE DEWATERING PRESENT ON SITE?		/ES	X NO
16:	IF CHECKED YES TO WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FIL	L OUT	BELOW	
	MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT? RMIT NO. MSU		ES	X NO
DIS (MI	STANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: 1 - 870; 2 - 300; 3	- 35	0	(FT)
NU.	MBER OF RECIRCULATION POND(S): 3			
ST(DRAGE CAPACITY OF EACH RECIRCULATION POND: 1 - 2,160,576; 2 - 182,952; 3 - 2,613,6	00; 4,	957,128 tot	al (FT3)

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING? YES NO PERMIT NO. MSU N/A 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 and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine violations. May 7, 2018 **Authorized Signature** Date Andrew T. Donahoe President **Printed Name** 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. Please submit this form to: For a partnership, by a general partner. For a sole proprietorship, by the proprietor. Chief, Environmental Permits Division For a municipal, state, or other public facility, by either a principal executive MDEQ, Office of Pollution Control

- officer, the mayor, or ranking elected official.
- **Duly Authorized Representative**

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

Legal

Name Type

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

Carolyn H. Green PO Box 1271 Madison, MS 39130

Director, Assistant Secretary, Assistant Treasurer

