



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 0 9 6. 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 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: Dwight A. Schipke
OPERATOR COMPANY NAME: PROFILE Products LLC
OPERATOR STREET OR P. O. BOX: 7250 Highway 15
OPERATOR CITY. Blue Mountain STATE: WIS ZIP: 30010
OPERATOR PHONE #: 662 685-4741 OPERATOR EMAIL: dschipke@profileproducts.com
OWNER CONTACT PERSON: Dwight A. Schipke
OWNER COMPANY: PROFILE Products LLC
owner street or p. o. box: 7250 Highway 15
Blue Mountain STATE. MS ZIP. 30010
OWNER PHONE #: (662) 685-4741 OWNER EMAIL: dschipke@profileproducts.com

MINE INFORMATION

		MILAE	IN ORMANIA.				
MINE SITE NAME: Blue Mounta	ain Mine No. 2	D:	(E h 4	facturing			
CONTACT NAME & POSITION:	Dwight A. S	Schipke, Dire	ector of Manu	lacturing			
CONTACT PHONE NUMBER: (_	662	685-4741					
MINE PHYSICAL SITE ADDRESS	S (IF NOT AVAIL.	ABLE INDICATE	NEAREST NAMEL) ROAD):			
STREET: CR 805 CITY: Blue Mountain		Ti	ppah		7.11	38610	
CITY: Dide Wouldan		_ COUNTY:					a obtained from
ATTACH A USGS QUAD MAP, E. the Mississippi Office of Geology. F	or information call	1601-961-5543).				TES (Maps can b	e optamed from
NW & SW /4 OF NE	4 OF SECTION _	6, то	WNSHIP55	, RANGE	SE	_	
ATTITUDE 34 DECREES 40	MINUTES 41 S	ECONDS	LONGITUDE:	89 DEGRE	ES 1 MIN	NUTES <u>17</u> SEC	CONDS
LAT & LONG DATA SOURCE (G	GPS (PLEASE GPS	ENTRANCE GA	TE) OR MAP INTE	RPOLATION;):	C Laiti	
TOTAL ACREAGE: 79.18		MATERIAL TO	BE MINED:	ду		_	
ESTIMATED START DATE:2	.001/06/01		ESTIMATED	END DATE: _	2010/12 YYYY-MM-	-DD	
SIC CODE 3295	YYYY-MM-DD		NAICS CODE		212325		
	STORM	M WATER POLLU	UTION PREVENTION	ON PLAN (SW	(PPP)		
THE GENERAL PERMIT REQUI						NE ENDERGE	E IN
BMPS (SEE BELOW) ARE REQU IS A COPY OF THE SWPPP AT	THE PERMITTED	SITE OR LOCAL				/ YES	NO NO
DOES SWPPP CONTAIN AN UP- POLLUTANT SOURCES AND IL	-TO-DATE ASSES DENTIFY BMPS T	SSMENT OF POTI O EFFECTIVELY	ENTIAL STORM W CONTROL THEM	ATER 1?		YES	NO
IF A SEDIMENTATION BASIN I SURFACE OF THE BASIN? IF N FROM THE DATE OF RECOVE	O, THE BASIN M	MP, DOES IT DISC JUST HAVE A SUI	CHARGE ONLY FE REACE DISCHARC	ROM THE GE IMMEDIA	TELY	YES or N.A.	NO
IF TRUCK TRAFFIC LEAVES M IS A CONSTRUCTION EXIT AN INSTALLED IMMEDIATELY O INACTIVE, BUT IS SUBMITTIN INSTALLED IMMEDIATELY O	I INSTALLED BM OF THE DATE OF NG A RECOVERA	IP? IF <u>NO</u> , A CON RECOVERAGE. GE FORM, THE O	STRUCTION EXIT IF A MINE IS CUR CONSTRUCTION E	RENTLY	,	✓ YES or N.A.	NO
IS A WASTEWATER RECIRCU	LATION SYSTEM	WITH NO DISC	HARGE USED ON	THE FACILITY	TY?	YES	✓ NO
IS MINE DEWATERING PRESE	ENT ON SITE?					YES	✓ NO
IF CHECKED	YES TO WASTER	WATER RECIRC	CULATION SYSTEM	M WITH NO I	DISCHARGE	E, FILL OUT BE	LOW
IS MINE COVERED UNDER VA						YES	NO
PERMIT NO. MS							
DISTANCE BETWEEN RECIRC (MUST BE AT LEAST 150 FEET		O(S) AND PROPER	RTY LINE:	(FT)			
NUMBER OF RECIRCULATIO	N POND(S):						
STORAGE CAPACITY OF EAC							(FT ³)
STURAGE CALACITY OF EAC							

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID IN DES DISCHIBIOS 2	RMIT FOR MINE DEWATER	RING? YES NO
PERMIT NO. MS		
ESTIMATED DEWATERING VOLUME:	(GAL/DAY)	
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCH.	ARGE MONITORING REPO	RTS (DMRs), IF DIFFERENT FROM SIGNATORY:
		and the second of the second o
certify under penalty of law that this document and all attachm to assure that qualified personnel properly gathered and evaluate	ed the information submitted. I	Based on my inquiry of the person or persons who mana
assure that quantited personner p p		
system, or those persons directly responsible for gathering the info	ormation, the information subfl	nifted is, to the best of my knowledge and benef, if he, acc
and complete. I am aware that there are significant penalties for	ormation, the information subfl	nifted is, to the best of my knowledge and benef, if he, acc
and complete. I am aware that there are significant penalties for	ormation, the information subfl	ncluding the possibility of fine and imprisonment for knowledge
and complete. I am aware that there are significant penalties for violations.	ormation, the information subn submitting false information, in	ncluding the possibility of fine and imprisonment for knowledge
and complete. I am aware that there are significant penalties for violations. Authorized Signature 1	May 7, 201	ncluding the possibility of fine and imprisonment for knowledge
Authorized Signature Dwight A. Schipke	May 7, 201	nitted is, to the best of my knowledge and belief, if de, according the possibility of fine and imprisonment for knowledge.
Authorized Signature Dwight A. Schipke Printed Name This application shall be signed according to the General Permit	May 7, 2018 Date Director of I	nitted is, to the best of my knowledge and benef, if de, according the possibility of fine and imprisonment for kn
Authorized Signature Dwight A. Schipke Printed Name This application shall be signed according to the General Permit For a corporation, by a responsible corporate officer.	May 7, 2018 Date Director of I	Manufacturing Please submit this form to:
Authorized Signature Dwight A. Schipke Printed Name This application shall be signed according to the General Permit For a corporation, by a responsible corporate officer. For a partnership, by a general partner. For a sole proprietorship, by the proprietor.	May 7, 2018 Date Director of 1 Title t, Act 15, T-4 as follows:	Manufacturing
Authorized Signature Dwight A. Schipke Printed Name This application shall be signed according to the General Permit For a corporation, by a responsible corporate officer. For a partnership, by a general partner.	May 7, 2018 Date Director of 1 Title t, Act 15, T-4 as follows:	Manufacturing Please submit this form to: Chief, Environmental Permits Division

