



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

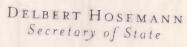
GENERAL PERMIT: MSR32 $\underline{0}$ $\underline{9}$ $\underline{9}$ $\underline{5}$. This coverage number must be completed for the referenced mining activity or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous 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 MS 38610
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
OWNER CITY: Blue Mountain STATE: MS ZIP: 38610
OWNER PHONE #: 662 685-4741 OWNER EMAIL: MS ZIP: 38610 OWNER PHONE #: 662 685-4741

MINE INFORMATION

MINE SITE NAME: Sand Pit		
CONTACT NAME & POSITION: Dwight A. Schipke, Director of Manufacturing		
CONTACT PHONE NUMBER: 662 685-4741		
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD): STREET: SR 368		
Blue Mountain	296	10
	ZIP: 386	10
ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BOUT the Mississippi Office of Geology. For information call 601-961-5523). NW		an be obtained from
LATITUDE: 34 DEGREES 40 MINUTES 5 SECONDS LONGITUDE: 89 DEGREES 0) MINUTES 15	SECONDO
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): G	oogle Farth	SECONDS
TOTAL ACREAGE: 20.00 MATERIAL TO BE MINED: Sand	3.0 20,01	
ESTIMATED START DATE: 2001/09/15 YYYY-MM-DD ESTIMATED END DATE: 202	8/00/30	
SIC CODE 3295	(Y-MM-DD	
NAICS CODE 212325		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S OBMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? 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 IMMEDIATELY FROM THE DATE OF RECOVERAGE. 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 IMMEDIATELY OF THE MINE BECOMING ACTIVE. IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCRESS.	✓ YES ✓ YES or N.A. ✓ YES or N.A.	NO NO
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	YES	✓ NO
IS MINE DEWATERING PRESENT ON SITE?	YES	✓ NO
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGES MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT? PERMIT NO. MS	GE, FILL OUT BE	LOW
STORAGE CAPACITY OF EACH RECIRCULATION POND:		(ET3)
		(FT³)







Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

PROFILE PRODUCTS LLC

Registered the 9th day of October, 1997

A Delaware LIMITED LIABILITY COMPANY has filed the necessary documents in this office and has obtained a certificate of registration to do business in this state, under the provisions of The Mississippi Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

I further certify that said Limited Liability Company has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designating its agent and/or attorney for service of process in this State as:

C T CORPORATION SYSTEM 645 LAKELAND EAST DR STE 101 FLOWOOD, MS 39232

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 30th day of November, 2017

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN17045387

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE P.	ERMIT FOR MINE DEWATERIN	G? YES NO	
PERMIT NO. MS			
ESTIMATED DEWATERING VOLUME:	(GAL/DAY)		
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCH	IARGE MONITORING REPORTS	(DMRs), IF DIFFERENT FROM SIGNATORY:	
I certify under penalty of law that this document and all attachm to assure that qualified personnel properly gathered and evaluate system, or those persons directly responsible for gathering the info and complete. I am aware that there are significant penalties for violations. Authorized Signature ¹	ormation, the information submitted submitted submitted submitted submitted submitted submitted. Based or submitted submitted submitted submitted submitted submitted submitted submitted submitted. Based or submitted	on my inquiry of the person or persons who manage the	
Authorized Signature'	Date		
Dwight A. Schipke	Director of Man	Director of Manufacturing	
Printed Name	Title		
 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. For a municipal, state or other public facility, by either a position at the properties of the proprietor. 	Act 15, T-4 as follows:	Please submit this form to: Chief, Environmental Permits Division	

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