



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 O O 3 lo. 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.

mining actives a loft corner of you	r previous
mining activity of this formation be found at the bottom left corner of you	receive coverage under the reissued Mining Storm Water, Dewatering receive coverage under the reissued Mining Storm Water, Dewatering or must be completed and returned to MDEQ at the address printed of the Letter of Instruction for Re-Coverage.
	receive coverage under the reissued Mining Storm Water, Dewalering or must be completed and returned to MDEQ at the address printed of the date of the Letter of Instruction for Re-Coverage.
hmittal of this form is required to r	must be completed and returned to MDEQ at the
Discharge General Permit. This to	orm must be completed and returned to MDEQ as of the date of the Letter of Instruction for Re-Coverage. The Coverage Form (check all that apply).
d No Discharge of this form within 30 days o	the date of the 2
the bottom of this love	Coverage Form (check all that apply).
and positivities to be covered	by this Re-Coverage
lease indicate the activities to	by this Re-Coverage Form (check all that apply). Mine Dewatering
- Larges Associated	with Mining
Storm Water Discharges Associated	
Wastewater Recirculation System	ith No Discharge nust be completed if the applicant proposes to operate a wastewater nd/or discharge impounded mine water (dewatering).
s this form II	aust be completed if the applicant property (dewatering).
The appropriate section of this form	ad/or discharge impounded mine water (de-
recirculation system with no discharge at	nust be completed if the applicant proposes to and/or discharge impounded mine water (dewatering). poration, a limited liability company, a partnership, or a business trust, a poration of State and/or its Certificate of Good Standing. Mississippi Secretary of State and/or its Certificate of the date of the
	poration, a limited liability company, a partnership, or a business. Mississippi Secretary of State and/or its Certificate of Good Standing. Standing must be dated within twelve (12) months of the date of the Standing must be company name as it is registered with the
If the company seeking coverage is a col	Aississippi Secretary of State and/or its Certificate of the date of the
the composite registration with the N	Granding must be dated within twelve (12) months of
attach proof of Certificate of Good	Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of State and/or its Certificate of Good Standard Mississippi Secretary of S
	ge will be issued an
Mississippi Secretary of State.	micable)
Mississippi secreta:	COMPLETED (indicate "N/A" where not applicable)
ALL INFORMATION MU	ST BE COMPLETED (indicate "N/A" where not applicable)
ALL III G	APPLICANT
	OPERATOR (Must check one or both)
OWNER OWNER	
APPLICANT IS THE	W. M.
APPLICANT IS THE SOWNER OPERATOR CONTACT PERSON: Dh. 1/1	Box 7069 STATE: MS ZIP: 39704 Whill by contracting can
OFERSION Phill	1.ps considering
OPERATOR COMPANY NAME.	BOX 7069 STATE: MS ZIP: 39704 6250 OPERATOR EMAIL: Hake aphillips contracting can Come
OPERATOR STREET OR P. O. BOX:	STATE: MS ZIP:
C. Labor	H.V. Och Ille contract hig can
OPERATOR CITY: LPCOM	1250 OPERATOR EMAIL: Wake Spining
ODERATOR PHONE #: (662) 528-	667
OPERATOR PHONE #: (OF 2) OWNER CONTACT PERSON:	(
CT DEPSON:	Since
OWNER CONTACT PERSON	
OWNER COMPANY:	
OWNER STREET OR P. O. BOX:	ZIP:
OWNER STREET OR P. U. BUA.	STATE:
OWNER CITY:	
OWNER CITY:OWNER PHONE #: ()	OWNER EMAIL:

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

WED VES TO M	INE DEWATERING, FILL OU	I BELOW
IF CHECKED TESTO	DEWATERING	YES
S MINE COVERED UNDER VALID NPDES DISCHARGE PERMI	T FOR MINE DEWATER	
MINE COVERED UNDER VILLE		
ERMIT NO. MS 3 2 00 3 6		
FRMI NO.	_(GAL/DAY)	TOOM SIGNATORY:
STIMATED DEWATERING VOLUME.	E MONITORING REPORTS	(DMRs), IF DIFFERENT FROM SIGNATURE
ESTIMATED DEWATERING VOLUME: NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARG	AF MOMITORE	
AME AND ADDA		
		a consupervision in accordance with a system
a was known	were prepared under my direct	ction or supervision the person or persons who ma
I certify under penalty of law that this document and all attachment	s were prepared submitted. Base	ed on my inquiry of the person of pand helief, true,
I certify under penalty of law that properly gathered and evaluated t	ne information submitte	ed is, to the best of my knowledge and better for
I certify under penalty of law that this document and all attachment to assure that qualified personnel properly gathered and evaluated to the action of the persons directly responsible for gathering the inform	nation, the information inch	iding the possibility of fine and imprisonment
I certify under penalty of law that this document and all attachment to assure that qualified personnel properly gathered and evaluated to system, or those persons directly responsible for gathering the information and complete. I am aware that there are significant penalties for sul-	bmitting false into mation, men	
and complete. Tall and		
		1 2010
22 21	05-0	11-2018
73 21	Date	perator
Authorized Signature	1	n /
Authorized	NI.	Decaror
DIV. I HI	11106	peral.
Blake W. Hill	Title	/
p 'd Name		
Printed Name	Act 15. T-4 as follows:	Please submit this form to:
This application shall be signed according to the General Permit,	Tet In I was	Divisio
This application shall be signed according to the General Permit, Act 15, T-4 as follows: For a corporation, by a responsible corporate officer.		Chief, Environmental Permits Divisio
		MDEQ, Office of Pollution Control
For a sole proprietorship, by the proprietor. For a sole proprietorship, by the proprietor.	· inclessorative	P.O. Box 2261
		Jackson, Mississippi 39225
officer, the mayor, or ranking elected official.		Jackson, Wilssissippi Syans
Duly Authorized Representative		

MINE SITE NAME: Scribner Pit						
CONTACT NAME & POSITION. RIA WALL 11 11 21 22 1	,					
CONTACT NAME & POSITION: Blake W. H.71, Mine Operat CONTACT PHONE NUMBER: (662) 364-4800	01					
MINE PHYSICAL SITE ADDRESS (IENOT MAN)						
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):						
STREET: Grave P. + Rd. + Huy 45 N						
CITY: Hamilton COUNTY: Monroe.	ZIP:	THE RESERVE				
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BY the Mississippi Office of Geology. For information call 601-961-5523).	OUNDARIES (Maps	can be obtained fro	m			
SE / 40F E 2/40F SECTION S & 8, TOWNSHIP 165, RANGE 19 W						
LATITUDE: 33 DECREES 4/ADDITION 34						
LATITUDE: 33 DEGREES 4/MINUTES 34 SECONDS LONGITUDE: 88 DEGREES 26 MINUTES 25 SECONDS						
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):	rosyle Equ	th				
TOTAL ACREAGE: 137. / MATERIAL TO BE MINED: Clay Dirt ESTIMATED START DATE: 2018 - 05 - 01	/ Clay Gran	e/				
ESTIMATED END DATE: 2020						
SIC CODE 16 NAICS CODE 237316	YYYY-MM-DD					
STORM WATER POLITICAL PROPERTY.						
STORM WATER POLLUTION PREVENTION PLAN (SWPPE THE GENERAL PERMIT REQUIRES THE SWPPE TO BE ONSITE OF LOCALINATION.)						
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.						
TO BE IN THE SWPPP.	The state of the s	1 WO (2) SPECIFI				
IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	LVEC					
DOES SWPPP CONTAIN AN UP TO DATE ASSESSMENT OF THE	TES	NO				
BENTY BMFS TO EFFECTIVELY CONTROL THEM?	LYES	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 DESCRIBED ONLY FROM THE						
SURFACE OF THE BASIN? IF NO, THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERAGE.	VES or N.A	. No				
IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, IS A CONSTRUCTION EXIT AN INSTALLED RMP? HENCE A CONSTRUCTION EXIT AN INSTALLED RMP? HENCE A CONSTRUCTION OF THE PROPERTY OF TH	2 2000					
INSTALLED IMMEDIATELY OF THE DATE OF DESCRIPTION EXIT MUST BE	YES or N.A	. NO				
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 DISCHARGE USED ON THE FACILITY?		<i>-</i>				
IS MINE DEWATERING PRESENT ON SITE?	YES	UNO				
	YES	DNO				
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHA	RGE, FILL OUT BI	ELOW.				
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	VES		7			
PERMIT NO. MS	LILES	THAO				
DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE:(FT)						
NUMBER OF RECIRCULATION POND(S):						
STORAGE CAPACITY OF EACH RECIRCULATION POND:						
of Each Recirculation POND:		(FT³)				

