



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1685. 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 at the bottom of this form within 30 days of the date of the Letter of Instruction for	ning Storm Water, Dewaterin MDEQ at the address printer Re-Coverage.
Please indicate the activities to be covered by this Re-Coverage Form (check all tha	it apply).
Storm Water Discharges Associated with Mining Mine Dewater	
Wastewater Recirculation System with No Discharge	
The appropriate section of this form must be completed if the applicant proper recirculation system with no discharge and/or discharge impounded mine water (de	ewatering).
If the company seeking coverage is a corporation, a limited liability company, a par attach proof of its registration with the Mississippi Secretary of State and the company of State and the compa	tnership, or a business trust
This registration or Certificate of Good Standing Secretary of State and/or its Cer	tificate of Good Standing.
submittal of this coverage form. Coverage will be issued in the company	is registered with the
Mississippi Secretary of State.	is registered with the
ALL INFORMATION MUST BE COMPLETED (indicate "N/A" wher	e not applicable)
APPLICANT INFORMATION	е посаррисавие)
APPLICANT IS THE OWNER OPERATOR (Must check one or both	
OPERATOR CONTACT PERSON: TEFF MCDANIE	1)
OPERATOR COMPANY NAME: MLH PROPERTIES (HWYLIS) OPERATOR STREET OR P. O. BOX: 19123 PETE HICKMAN RD.	
OPERATOR STREET OR P. O. BOX: 19123 PETE HICKMAN RO	
OPERATOR CITY:	2017/
OPERATOR PHONE #: (228) 323. 4750 OPERATOR EMAIL: NACION ST.	ZIP:
THE STATE WAIL: VIO CONST.	shucien wast, com
OWNER CONTACT PERSON: JEFF MCDANIEZ	
OWNER COMPANY:	
OWNER STREET OR P. O. BOX: 19127 PETE HICKMAN	
OWNER CITY: SAUCIEN STATE: MS OWNER PHONE #: () SAUCE OWNER EMAIL: SAUCE	ZIP: 39574
WNER PHONE #: () SAME OWNER EMAIL: SAME	
	CORPUL INC. INC.

MINE INFORMATION		
MINE SITE NAME: MLH PROPERTIES		
TITE MENTE		
CONTACT PHONE NUMBER: (1)8 579-1564		
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		7
MINE PHYSICAL SITE ADDRESS (IN ANTACENT (SOUTH) TO REDEX	ADTION CI	FUNCH
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD): STREET: Hwy 49 SAUCIER ADJACENT (SOUTH) TO REDEN CITY: SAUCIEN COUNTY: MIXKISON	ZIP: 3957	4
THE STATE OF THE MINE BOUN	DAKIES (Maha car	be obtained from
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUN the Mississippi Office of Geology. For information call 601-961-5523).		
A OF SECTION TOWNSHIP , RANGE		ECONDS
LATITUDE:DEGREESMINUTESSECONDS LONGITUDE:DEGREES	MINUTES S	ECONDO
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):		
TOTAL ACREAGE: MATERIAL TO BE MINED:		
ESTIMATED START DATE:	YY-MM-DD	MI SERVICE
SIC CODENAICS CODE		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-D CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.		
IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	YYES	
DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?	VES	NO
IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF <u>NO.</u> THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERAGE.	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 INSTALLED IMMEDIATELY OF THE DATE OF RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE	YES or	A) NO
INSTALLED IMMEDIATELY OF THE MINE BECOMENG ACTIVE	YES	No
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	YES	No
IS MINE DEWATERING PRESENT ON SITE?	1 65	
		DELOW
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCH	HARGE, FILL OUT	BELOW
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	YES	No
PERMIT NO. MS		
DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE:(FT) (MUST BE AT LEAST 150 FEET)		
NUMBER OF RECIRCULATION POND(S):		(FT ³)

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT F	OR MINE DEWATERING	?	YES NO	
PERMIT NO. MS				
ESTIMATED DEWATERING VOLUME:(0	GAL/DAY)			
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE M	10NITORING REPORTS	(DMRs), IF DIFF	ERENT FROM SIGNATOR	Y:
I certify under penalty of law that this document and all attachments were to assure that qualified personnel properly gathered and evaluated the info system, or those persons directly responsible for gathering the information and complete. I am aware that there are significant penalties for submitting violations.	ormation submitted. Based, the information submitted ag false information, including	on my inquiry of	the person or persons who m	anage the
Authorized Signature ¹	Date /			4
JEFF MCDANIEZ	Date			
Printed Name	Title			
This application shall be signed according to the General Permit, Act 15, 7 For a corporation, by a responsible corporate officer.	-4 as follows:	Please submit		