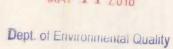


MAY 1 1 2018



MISSISSIERI ELEPARIMENTO DE ENVIRONMENTAL OLORQUEV

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 1 1 9. 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 and No Discharge General Permit. This at the bottom of this form within 30 days	o receive coverage under the reissued Mining Storm Water, Dewatering form must be completed and returned to MDEQ at the address printer of the date of the Letter of Instruction for Re-Coverage.				
	the Letter of instruction for Re-Coverage.				
Please indicate the activities to be covered	d by this Re-Coverage Form (check all that apply).				
Storm Water Discharges Associated	with Mining Mine Dewatering				
Wastewater Recirculation System w					
The appropriate section of this form m	nust be completed if the applicant proposes to operate a wastewate				
recirculation system with no discharge an	ind/or discharge impounded mine water (dewatering).				
attach proof of its registration with the	oration, a limited liability company, a partnership, or a business trust,				
This registration or Certificate of Good St	tanding much be state and/or its Certificate of Good Standing.				
submittal of this coverage form. Coverage	assissippi Secretary of State and/or its Certificate of Good Standing. tanding 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.					
	사람들은 전한 경기 전쟁 (시간) 그리고 있는데 얼마를 보는데 있는데 있는데 얼마를 하는데 없다면 살아보는데 보다면 없다.				
	BE COMPLETED (indicate "N/A" where not applicable)				
	BE COMPLETED (indicate "N/A" where not applicable) APPLICANT INFORMATION				
ALL INFORMATION MUST	APPLICANT INFORMATION				
ALL INFORMATION MUST	APPLICANT INFORMATION OPERATOR (Must check one or both)				
ALL INFORMATION MUST APPLICANT IS THE OWNER OPERATOR CONTACT PERSON:	APPLICANT INFORMATION OPERATOR (Must check one or both)				
ALL INFORMATION MUST APPLICANT IS THE OWNER OPERATOR COMPANY NAME:	APPLICANT INFORMATION OPERATOR (Must check one or both)				
ALL INFORMATION MUST APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX:	APPLICANT INFORMATION OPERATOR (Must check one or both)				
ALL INFORMATION MUST APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX:	APPLICANT INFORMATION OPERATOR (Must check one or both)				
ALL INFORMATION MUST APPLICANT IS THE	APPLICANT INFORMATION OPERATOR (Must check one or both) STATE:				
ALL INFORMATION MUST APPLICANT IS THE	APPLICANT INFORMATION OPERATOR (Must check one or both)				
ALL INFORMATION MUST APPLICANT IS THE	APPLICANT INFORMATION OPERATOR (Must check one or both) STATE:				
ALL INFORMATION MUST APPLICANT IS THE	APPLICANT INFORMATION OPERATOR (Must check one or both) STATE:				
ALL INFORMATION MUST APPLICANT IS THE	APPLICANT INFORMATION OPERATOR (Must check one or both) STATE: OPERATOR EMAIL:				
ALL INFORMATION MUST APPLICANT IS THE	APPLICANT INFORMATION OPERATOR (Must check one or both) STATE: ZIP:				
ALL INFORMATION MUST APPLICANT IS THE	APPLICANT INFORMATION OPERATOR (Must check one or both) STATE: OPERATOR EMAIL: OPERATOR EMAIL:				
ALL INFORMATION MUST APPLICANT IS THE	APPLICANT INFORMATION OPERATOR (Must check one or both) STATE: OPERATOR EMAIL:				

MINE INFORMATION

PRAGE CAPACITY OF EACH RECIRCULATION POND:		
MBER OF RECIRCULATION POND(S):		
TANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE:(FT) WIRER OF RECIRCULATION POND(S) AND PROPERTY LINE:(FT)		
TANCE RETWEEN DECEMBER AND THE STATE OF THE		
HAVE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	VES	No
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHAR	GE, FILL OUT BEI	OW
MINE DEWATERING PRESENT ON SITE?	YES	✓ NO
A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	YES	✓ NO
ACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE STALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.		
TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO. A CONSTRUCTION EXIT MUST BE	✓ YES or N.A.	NO
A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE ROM THE BASIN? IF <u>NO</u> , THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY ROM THE DATE OF RECOVERAGE.	✓ YES or N.A.	NO
OES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER OLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?	VES YES	NO
S A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? OES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF DOOR	₹ YES	NO
SCHOOL OF THE PROJECT'S	CURRENT BMPS, I	WO (2) SPECIF
HE GENERAL PERMIT DECUMPES THE		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
SIC CODE 1442 NAICS CODE 212321	YYY-MM-DD	
ESTIMATED START DATE: ESTIMATED END DATE:	2038	
TOTAL ACREAGE: 570	J 20111	
GATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION.	oogle Farth	SECONDS
LATITUDE: 3D DEGREES 16 MINUTES 11 SECONDS LONGITUDE: 89 DEGREES	2.1	
4 OF SECTION S 11 TOWNSHIP T 9 S	16 W	
ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BO NIVAL COLOR.	ZIP: 39572	
CITY: Pearlington COUNTY: Hancock	0000	
STREET: Whites Road		
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		
CONTACT PHONE NUMBER: (318) 387-9000		

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERIOD PERMIT NO. MS ESTIMATED DEWATERING VOLUME: NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE	(GAL/DAY)	FRING? YES NO	
ESTIMATED DEWATERING VOLUME:			
NAME AND ADDRESS OF THE RECIPIENT OF THE BLOOM			
OF THE DISCHAR	RGE MONITORING REPO	ORTS (DMRs), IF DIFFERENT FROM SIGNATORY:	
		Waste Brown Story Toky	
certify under negative of law that the			
certify under penalty of law that this document and all attachments to assure that qualified personnel properly gathered and evaluated the	were prepared under my	direction or supervision in account	
system or those are the personnel properly gathered and evaluated the	ne information submitted	Based on my inquire fall	
system, or those persons directly responsible for gathering the informand complete. I am aware that there are significant penalties for sub-	mitting false information i	instead is, to the best of my knowledge and belief, true, ac	
and complete. I am aware that there are significant penalties for sub- iolations.	H	metading the possibility of fine and imprisonment for kr	
V o H			
frelight the	5/4/18		
Authorized Signature			
	Date		
Johnny Dollar			
Printed Name	Owner Title		
This application shall be signed according to the General Permit, Act 15, T-4 as follows: For a corporation, by a responsible corporate officer. For a partnership, by a general partner.		Please submit this form to:	
		A rease subunt this form to:	
		CI: c c	
For a sole proprietorship but	For a sole proprietorship, by the proprietor.		
for a sole proprietorship, by the proprietor		Chief, Environmental Permits Division	
For a municipal, state or other public facility, by sixty and	ripal executive	MDEQ, Office of Pollution Control	
For a sole proprietorship, by the proprietor. For a municipal, state or other public facility, by either a princ officer, the mayor, or ranking elected official. Duly Authorized Representative	cipal executive	MDEQ, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225	