



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 7 1 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)
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APPLICANT IS THE OWNER OPERATOR (Must check one or both) OPERATOR CONTACT PERSON: 57ele Jeuning 5 OPERATOR COMPANY NAME: 7://cay ploperator company name: 7://cay p
APPLICANT IS THE OWNER POPERATOR (Must check one or both) OPERATOR CONTACT PERSON: 57ele Jeaning 5 OPERATOR COMPANY NAME: 7:1/cay \$loganties, Use OPERATOR STREET OR P. O. BOX: \$\overline{P}\$ O Box \$\overline{F}\$ 36 \tag{4} OPERATOR CITY: 1-Au Ae/ STATE: 115 ZIP: 3944/ OPERATOR PHONE #: (601) 649-9459 OPERATOR EMAIL: 57eaning 50 Timeny peoplestics, company: OWNER CONTACT PERSON: OWNER COMPANY: OWNER STREET OR P. O. BOX:
APPLICANT IS THE OWNER OPERATOR (Must check one or both) OPERATOR CONTACT PERSON: STORE JEHNING 5 OPERATOR COMPANY NAME: Jillery Alogenties, Use OPERATOR STREET OR P. O. BOX: PO BOX 4367 OPERATOR CITY: LAW Ref STATE: US ZIP: 3944/ OPERATOR PHONE #: (601) 649-9459 OPERATOR EMAIL: STEMMING 95 OT HEMP EMPLOYED. OWNER CONTACT PERSON: OWNER COMPANY: OWNER STREET OR P. O. BOX:

MINE INFORMATION

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_ ZIP: _ 39	437
	can be obtained from
3	
MINUTES	SECONDS
VV-MM-DD	
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	Don Hall
CURRENT BMP	S, TWO (2) SPECIFIC
YES	NO
YES or	N.A. NO
YES or	N.A. NO
YES	NO
YES	No
5.	
HARGE, FILL OU	T BELOW
YES	No
	MINUTES

IF CHECKED YES TO MINE DEWATERING,	FILL OUT DELCH
IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWAT PERMIT NO. MS	TERING? YES NO
ESTIMATED DEWATERING VOLUME:(GAL/DAY) NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPO	ORTS (DMRs), IF DIFFEREN <mark>T</mark> FROM SIGNATORY:
I certify under penalty of law that this document and all attachments were prepared under my to assure that qualified personnel properly gathered and evaluated the information submitted. system, or those persons directly responsible for gathering the information, the information submitted and complete. I am aware that there are significant penalties for submitting false information, i violations. Solve Authorized Signature Date	nitted is, to the best of my knowledge and belief, true, accurate neluding the possibility of fine and imprisonment for knowing
Steve Jenyings CFO Printed Name 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. For a sole proprietorship, by the proprietor. For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official. Duly Authorized Representative 	Please submit this form to: Chief, Environmental Permits Division MDEQ, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225



5/10/2018

DELBERT HOSEMANN Secretary of State

This is not an official certificate of good standing.

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Name Type Legal

> Limited Liability Company 670694 Good Standing 05/10/1999 Mississippi

> > State of Incorporation: Principal Office Address:

Effective Date:

Business Type:

Business ID: Status:

Organizer Title DOUGLAS W TILLERY 815 6TH AVE, PO BOX 1948 LAUREL, MS 39441 Officers & Directors Registered Agent Steve Jennings Name Name

Steve Jennings
P O BOX 4367
LAUREL, MS 39441
Douglas Tillery
P O BOX 4367
LAUREL, MS 39441

Steve Jennings P O BOX 4367 LAUREL, MS 39441 DOUGLAS W TILLERY 815 6TH AVE, PO BOX 1948 LAUREL, MS 39441

Member

Manager