

AI# 23590



RECEIVED
MAY 25 2018
Dept. of Environmental Quality

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1 5 5 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	<input type="checkbox"/> OWNER	<input checked="" type="checkbox"/> OPERATOR	(Must check one or both)
OPERATOR CONTACT PERSON: <u>JOEL O. SMITH</u>			
OPERATOR COMPANY NAME: <u>ODDEE SMITH CONSTRUCTION, INC.</u>			
OPERATOR STREET OR P. O. BOX: <u>1407</u>			
OPERATOR CITY: <u>BROOKHAVEN</u>		STATE: <u>MS</u>	ZIP: <u>39602</u>
OPERATOR PHONE #: <u>(601) 833-5171</u>		OPERATOR EMAIL: <u>osc@oddeesmith.com</u>	
OWNER CONTACT PERSON: <u>JOEL O. SMITH</u>			
OWNER COMPANY: <u>PRJ INVESTMENTS, LLC</u>			
OWNER STREET OR P. O. BOX: <u>1037 MACEDONIA RD NW</u>			
OWNER CITY: <u>BROOKHAVEN</u>		STATE: <u>MS</u>	ZIP: <u>39601</u>
OWNER PHONE #: <u>(601) 833-5171</u>		OWNER EMAIL: _____	

MINE SITE NAME: _____ MINE INFORMATION
PRJ PIT
CONTACT NAME & POSITION: _____
JOEL O. SMITH, CO-OWNER
CONTACT PHONE NUMBER: (601) 833-5171
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
STREET: _____
HIGHWAY 51
CITY: _____
BROOKHAVEN COUNTY: _____
LINCOLN ZIP: _____
39601
ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).
SE/4 OF SW 4 OF SECTION 23, TOWNSHIP 5N, RANGE 7E
LATITUDE: _____ DEGREES _____ MINUTES _____ SECONDS
LONGITUDE: _____ DEGREES _____ MINUTES _____ SECONDS
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): _____
TOTAL ACREAGE: _____ 4 _____ MATERIAL TO BE MINED: _____
CLAY GRAVEL
ESTIMATED START DATE: _____
APRIL, 2006
YYYY-MM-DD
ESTIMATED END DATE: _____
2019-7-5
YYYY-MM-DD
IC CODE _____
NAICS CODE _____

THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S CURRENT BMPS, TWO (2) SPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES or N.A. ☐ NO

☒ YES or N.A. ☐ NO

☐ YES ☒ NO

☒ YES ☐ NO

☐ YES ☐ NO

STORAGE CAPACITY OF EACH RECIRCULATION POND: _____ (FT³)

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING?

☐ YES

☒ NO

PERMIT NO. MS _____

ESTIMATED DEWATERING VOLUME: _____ (GAL/DAY)

NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Signature¹

MAY 23, 2018

Date

JOEL O. SMITH

PRESIDENT

Printed Name

Title

¹This 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