PIL#38307



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1 8 2 2 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

Please indicate the activities to be cov	vered by this Re-Coverage Form (check all that apply).	
Storm Water Discharges Associ	iated with Mining Mine Dewatering	
Wastewater Recirculation Syste	em with No Discharge	
	rm must be completed if the applicant proposes to ope ge and/or discharge impounded mine water (dewatering).	erate a wastewate
attach proof of its registration with the This registration or Certificate of Go	corporation, a limited liability company, a partnership, o he Mississippi Secretary of State and/or its Certificate of cood Standing must be dated within twelve (12) months of twerage will be issued in the company name as it is registered	Good Standing. he date of the
ALL INFORMATION N	MUST BE COMPLETED (indicate "N/A" where not appl	icable)
ALL INFORMATION N	MUST BE COMPLETED (indicate "N/A" where not appl APPLICANT INFORMATION	icable)
		icable)
APPLICANT IS THE YOWNER	APPLICANT INFORMATION OPERATOR (Must check one or both)	icable)
APPLICANT IS THE YOWNER OPERATOR CONTACT PERSON: 50	APPLICANT INFORMATION OPERATOR (Must check one or both)	icable)
APPLICANT IS THE VOWNER OPERATOR CONTACT PERSON: GOF OPERATOR COMPANY NAME: BUS	APPLICANT INFORMATION OPERATOR (Must check one or both) y D. Busby by Digging Service	
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APPLICANT IS THE VOWNER OPERATOR CONTACT PERSON: GOF OPERATOR COMPANY NAME: BUS	APPLICANT INFORMATION DOPERATOR (Must check one or both) J D. Busby Digging Service	
APPLICANT IS THE VOWNER OPERATOR CONTACT PERSON: Gar OPERATOR COMPANY NAME: BUS OPERATOR STREET OR P. O. BOX: PO OPERATOR CITY: Prof OPERATOR PHONE #: (601) 260	APPLICANT INFORMATION OPERATOR (Must check one or both) y D. Busby by Digging Service	
APPLICANT IS THE VOWNER OPERATOR CONTACT PERSON: GOF OPERATOR STREET OR P. O. BOX: PO OPERATOR CITY: Prof OPERATOR PHONE #: (601) 260 OWNER CONTACT PERSON:	APPLICANT INFORMATION DOPERATOR (Must check one or both) D. Busby Digging Service Box Syzz8 STATE: MS ZI STATE: DUSDAGORY	P: 39288 Brl South
APPLICANT IS THE VOWNER OPERATOR CONTACT PERSON: GOF OPERATOR STREET OR P. O. BOX: PO OPERATOR CITY: Prof OPERATOR PHONE #: (601) 260 OWNER CONTACT PERSON:	APPLICANT INFORMATION DOPERATOR (Must check one or both) D. Busby Digging Service Box Syzz8 STATE: MS ZI STATE: DUSDAGORY	P: 39288 Brl South
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IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT F	FOR MINE DEWATERING? YES NO
	OR MINE DEWATERING:
PERMIT NO. MS	
	CAL (DAN)
ESTIMATED DEWATERING VOLUME:(C	GAL/DAY)
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE M	MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY:
Leartify under penalty of law that this document and all attachments wer	e prepared under my direction or supervision in accordance with a system de
to assure that qualified personnal properly gathered and evaluated the inf	formation submitted. Based on my inquiry of the person or persons who mans
to assure that quantity personnel property gathered and evaluated the information	n, the information submitted is, to the best of my knowledge and belief, true, ac
system, or those persons directly responsible for gathering the information	ing false information, including the possibility of fine and imprisonment for ki
violations.	ing laise into mation, including the possibility of the and improvement for in-
TOTATIONS.	
Mr. DR- 1	5-30-18
Day Prast	5-20-18
Authorized Signature	5-20-18 Date
Authorized Signature	Date
Gary D. Busby	Date
Authorized Signature Gary D. Busby Printed Name	Date
Gary D. Busby Printed Name	Date OWNTE
Gary D. Busby	Date OWNTE
Printed Name This application shall be signed according to the General Permit, Act 15,	Date OWNTE Title T-4 as follows: Please submit this form to:
Printed Name This application shall be signed according to the General Permit, Act 15, For a corporation, by a responsible corporate officer.	Date OWNTE
Printed Name This application shall be signed according to the General Permit, Act 15, 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	Date Owner Title T-4 as follows: Please submit this form to: Chief, Environmental Permits Division MDEO, Office of Pollution Control
Printed Name This application shall be signed according to the General Permit, Act 15, For a corporation, by a responsible corporate officer. For a partnership, by a general partner. For a sole proprietorship, by the proprietor.	Date Title T-4 as follows: Please submit this form to: Chief, Environmental Permits Division MDEQ, Office of Pollution Control

Duly Authorized Representative

F0108

Fee: \$

2018036546



DELBERT HOSEMANN Secretary of State Business ID: 866187 Filed: 02/04/2018 02:42 PM C. Delbert Hosemann, Jr. Secretary of State

TELEPHONE: (601) 359-1633

2018 LLC Annual Report

Business Information

Business ID: 866187

State of Incorporation: MS

P.O. BOX 136

JACKSON, MS 39205-0136

Phone: (***)***-***

FEIN: **_*****

Business Name: Busby Digging Service, LLC

Business Email: busbygary@bellsouth.net

Principal Address:

345 S. Foxhall Road

Pearl, MS 39208

Registered Agent

Name:

Busby, Gary Dewayne

Address:

131 McDonald Lane Brandon, MS 39042

Managers and Members

Members

Name:

Gary Busby Member Address:

131 McDonald Lane Brandon, MS 39042

Officers		
Title/Name:	Address:	Director
President:		
Vice President:		
Secretary:		
Treasurer:		

☐ This LLC has a written Operating Agreement.

NAICS Code/Nature of Business

238910 - Site Preparation Contractors

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day 02/04/2018.

Name:
Gary D. Busby
Other

Address:
131 McDonald Lane

Brandon, MS 39042

Officers List

Name:

Gary Busby Member

Address:

131 McDonald Lane Brandon, MS 39042 MINE INFORMATION

	01 600 1000
MINE SITE NAME: BUSBY Digging Scruice LLC	C. P. E. C. P. C. L. L. J. L. E.
TO THE POSITION SILT OF TO TO STORY	2.5.6
CONTACT PHONE NUMBER: (COI- 1391- ZYZ) COI-	2010: 2544
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):	
STREET:	
CITY: COUNTY:	ZIP:
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MI the Mississippi Office of Geology. For information call 601-961-5523).	
	GE
LATITUDE:DEGREESMINUTESSECONDS LONGITUDE:DEG	GREES MINUTES SECONDS
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION	ON):
TOTAL ACREAGE: MATERIAL TO BE MINED:	Carried Marie Control of the Control
ESTIMATED START DATE: ESTIMATED END DATE	
SIC CODE NAICS CODE	
STORM WATER POLLUTION PREVENTION PLAN ((SWPPP)
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE,	
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROBMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF NO, THE BASIN MUST HAVE A SURFACE DISCHARGE IMMED FROM THE DATE OF RECOVERAGE.	YES NO
IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC 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 INACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST INSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.	
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACI	ILITY? · YES NO
IS MINE DEWATERING PRESENT ON SITE?	YES NO
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH N	O DISCHARGE, 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):	
STORAGE CAPACITY OF EACH RECIRCULATION POND:	(FT ³)