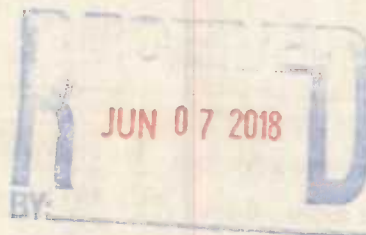


AI #68449



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 4 9 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 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)

OPERATOR CONTACT PERSON: Tracy Bedwell

OPERATOR COMPANY NAME: TL Wallace Construction, Inc

OPERATOR STREET OR P. O. BOX: 4025 Highway 35 North

OPERATOR CITY: Columbia

STATE: MS

ZIP: 39429

OPERATOR PHONE #: (601) 736-3401

OPERATOR EMAIL: tbedwell@tlwallace.com

OWNER CONTACT PERSON: Shirley A. Brewer

OWNER COMPANY: NA

OWNER STREET OR P. O. BOX: P.O. Box 567

OWNER CITY: Leakesville

STATE: MS

ZIP: 39451

OWNER PHONE #: (601) 394-7213

OWNER EMAIL: N/A

MINE INFORMATION

MINE SITE NAME: Brewer Pit

CONTACT NAME & POSITION: Tracy Bedwell

CONTACT PHONE NUMBER: 601 441 6434

MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: Freeman Town Road

CITY: Richton COUNTY: GREENE ZIP: 39476

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).

NW /4 OF NE /4 OF SECTION 3, TOWNSHIP 4N, RANGE 8W

LATITUDE: 31 DEGREES 20 MINUTES 37 SECONDS LONGITUDE: 88 DEGREES 46 MINUTES 45 SECONDS

LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): Google Maps

TOTAL ACREAGE: 16.9 MATERIAL TO BE MINED: (B9) GENERAL FILL

ESTIMATED START DATE: 09-01-2015 ESTIMATED END DATE: FINISHED
YYYY-MM-DD

SIC CODE 0014 NAICS CODE NA
0014

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

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.

IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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 RECOVERY.	<input checked="" type="checkbox"/> YES or N.A.	<input type="checkbox"/> NO
IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, IS A CONSTRUCTION EXIT AN INSTALLED BMP? IF <u>NO</u> , A CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE DATE OF RECOVERY. IF A MINE IS CURRENTLY INACTIVE, BUT IS SUBMITTING A RECOVERY FORM, THE CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.	<input checked="" type="checkbox"/> YES or N.A.	<input type="checkbox"/> NO
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
IS MINE DEWATERING PRESENT ON SITE?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO 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: NA (FT)
(MUST BE AT LEAST 150 FEET)

NUMBER OF RECIRCULATION POND(S): NA

STORAGE CAPACITY OF EACH RECIRCULATION POND: NA (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: NA (GAL/DAY)

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

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.

Tracy Bedwell
Authorized Signature¹

5/30/2018
Date

Tracy Bedwell
Printed Name

Engineer
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



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
T. L. WALLACE CONSTRUCTION, INC.	Legal

Business Information

Business Type:	Profit Corporation
Business ID:	554315
Status:	Good Standing
Effective Date:	07/17/1975
State of Incorporation:	Mississippi
Principal Office Address:	4025 HIGHWAY 35 N Columbia, MS 39429

Registered Agent

Name

C T CORPORATION SYSTEM
645 LAKELAND EAST DRIVE, Suite 101
FLOWOOD, MS 39232

Officers & Directors

Name	Title
Agnes Applewhite 329 Church St Columbia, MS	Incorporator
Thomas M. Duff 4025 Highway 35 N Columbia, MS 39429	President
Harry Austin Morgan 4025 HIGHWAY 35 N	Director, Other, Vice President

Columbia, MS 39429

Janet Price
800 Highway 98
Columbia, MS 39429

Director, Secretary, Treasurer

Thomas L. Wallace
4025 Highway 35 N
Columbia, MS 39429

Director

State of Mississippi

BOARD OF CONTRACTORS

ACTIVE

WALLACE, T. L., CONSTRUCTION, INC.

1025 HWY 35 N

COLUMBIA, MS 39429

is duly registered and entitled to perform

- 1) ASBESTOS ABATEMENT OR REMOVAL
- 2) BUILDING CONSTRUCTION
- 3) HAZARDOUS WASTE REMOVAL AND CONTROL
- 4) HEAVY CONSTRUCTION
- 5) HIGHWAY, STREET AND BRIDGE CONSTRUCTION
- 6) MUNICIPAL AND PUBLIC WORKS CONSTRUCTION

We have hereto set our hand and caused the Seal of the Mississippi Board of Contractors to be affixed this 18 day of Jan., 2019



CERTIFICATE OF RESPONSIBILITY

No. 03770-MC

Expires Jan. 18, 2019

Joel A. Canell

CHAIRMAN OF THE BOARD