AT #4612





RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 0 0 1 0. 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 Let	ter of Instruction for	Re-Coverage.
Please indicate the activities to be covered	by this Re-Coverage	Form (check all that	t apply).
✓ Storm Water Discharges Associated	Mine Dewatering		
Wastewater Recirculation System wi	th No Discharge		
The appropriate section of this form m recirculation system with no discharge an	-		-
If the company seeking coverage is a corp			
attach proof of its registration with the M			
This registration or Certificate of Good St			
submittal of this coverage form. Coverage	e will be issued in the	company name as it	is registered with the
Mississippi Secretary of State.			
ALL INFORMATION MUST	FRE COMPLETED	(indicate "N/A" who	re not applicable)
ALL INFORMATION MUST			re not applicable)
	APPLICANT INFOR	MATION	
APPLICANT IS THE OWNER	APPLICANT INFOR		
APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: DWIGHT A. S	APPLICANT INFORM OPERATOR Chipke	MATION	
APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: DWIGHT A. S	APPLICANT INFORM OPERATOR Chipke	MATION	
APPLICANT IS THE OWNER DEPERATOR CONTACT PERSON: DWIGHT A. S DEPERATOR COMPANY NAME: PROFILE	APPLICANT INFORM OPERATOR Schipke Coducts LLC	MATION	
APPLICANT IS THE JOWNER DEPERATOR CONTACT PERSON: DWIGHT A. S DEPERATOR COMPANY NAME: PROFILE PROPERATOR STREET OR P. O. BOX: 7250 High	APPLICANT INFORM ✓ OPERATOR Schipke roducts LLC hway 15	MATION (Must check one or bot	h)
APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: DWIGHT A. S OPERATOR COMPANY NAME: PROFILE PROPERATOR STREET OR P. O. BOX: 7250 High OPERATOR CITY: Blue Mountain	APPLICANT INFORM OPERATOR Schipke roducts LLC hway 15	MATION (Must check one or bot STATE: MS	zip: 38610
APPLICANT IS THE OWNER DEPERATOR CONTACT PERSON: DWIGHT A. S DEPERATOR COMPANY NAME: PROFILE PROPERATOR STREET OR P. O. BOX: 7250 Higo DEPERATOR CITY: Blue Mountain DEPERATOR PHONE #: 662 685-4741	APPLICANT INFORM OPERATOR Cohipke Coducts LLC Cohway 15 OPERATOR	MATION (Must check one or bot STATE: MS	h)
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APPLICANT IS THE	APPLICANT INFORM POPERATOR Schipke Toducts LLC hway 15 OPERATOR ipke	MATION (Must check one or bot STATE: MS	zip: 38610
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	MINE INFORMATION		
MINE SITE NAME: Blue Mountain Mine No. 1			
CONTACT NAME & POSITION: Dwight A. Schipke,	Director of Manufactur	ring	
CONTACT PHONE NUMBER: (662) 685-4			
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDIC	CATE NEAREST NAMED ROAD);	
STREET: CR 706			
CITY: Blue Mountain COUNTY:	Tippah	ZIP: 38	610
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND the Mississippi Office of Geology. For information call 601-961-5523	FACILITY, OUTLINING THE !	MINE BOUNDARIES (Map	s can be obtained from
		NGE 3E	
All 40F NE 40F SECTION 5 LATITUDE: 34 DEGREES 41 MINUTES 10 SECONDS	LONGITUDE: 89 DE	grees 00 minutes 2	1 SECONDS
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE	GATE) OR MAP INTERPOLAT	Google Earth	01.6
TOTAL ACREAGE: 215.0 MATERIAL		1011).	6/20/18
ESTIMATED START DATE: 1978/07/15	ESTIMATED END DAT	E: 2023/09/30	
SIC CODE 3295	NAICS CODE	YYYY-MM-DD 212325	
STORM WATER	0.00,450	The state of the s	
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE OF	2 CENTUR OF ST		
CONTROLLING STORM WATER POLLUTANTS. ACCORD BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPP	34040'419	"S CURRENT BMP	CTIVE IN S, TWO (2) SPECIFIC
	-89° 0' 33,1	12"	
S A COPY OF THE SWPPP AT THE PERMITTED SITE OR	wel		NO
POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECT	6(20	✓ YES	NO
F A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DI URFACE OF THE BASIN? IF <u>NO.</u> THE BASIN MUST HAVE A S ROM THE DATE OF BECOVERACE.	SCHARGE ONLY FROM THE		
ROM THE DATE OF RECOVERAGE.	ORFACE DISCHARGE IMMED	IATELY ✓ YES or N	.A. NO
F TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRE S A CONSTRUCTION EXIT AN INSTALLED BMP? IF <u>NO</u> , A CO NSTALLED IMMEDIATELY OF THE DATE OF RECOVERAGE NACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE NSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIV	ONSTRUCTION EXIT MUST BE IF A MINE IS CURRENTLY		.A. NO
A WASTEWATER RECIRCULATION SYSTEM WITH NO DISC		JTY? YES	(NO
MINE DEWATERING PRESENT ON SITE?		YES	✓ NO
		1123	√ NO
IF CHECKED VES TO WASTERWATER DISCUR-			
IF CHECKED YES TO WASTERWATER RECIRC MINE COVERED UNDER VALID "NO DISCHARGE" STATE O		DISCHARGE, FILL OUT	BELOW
CRMIT NO. MS	PPERATING PERMIT?	YES	NO
ISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTUST BE AT LEAST 150 FEET)	RTY LINE:(FT)		
UMBER OF RECIRCULATION POND(S):			
ORAGE CAPACITY OF EACH RECIRCULATION POND:			. www. 2
			(FT³)

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PER	MIT FOR MINE DEWATI	ERING? YES NO	
PERMIT NO. MS		_	
ESTIMATED DEWATERING VOLUME:	(GAL/DAY)		
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHAI	RGE MONITORING REPO	ORTS (DMRs), IF DIFFERENT FROM SIGNATORY:	
l certify under penalty of law that this document and all attachment to assure that qualified personnel properly gathered and evaluated to system, or those persons directly responsible for gathering the informand complete. I am aware that there are significant penalties for sulviolations.	mation, the information sub- mation, the information sub- positing false information, May 7, 201	Based on my inquiry of the person or persons who man bmitted is, to the best of my knowledge and belief, true, ac including the possibility of fine and imprisonment for kn	age the
Authorized Signature ¹	Date		
Dwight A. Schipke	Director of Manufacturing		
Printed Name	Title		
This application shall be signed according to the General Permit, Ac- 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 prinofficer, 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	