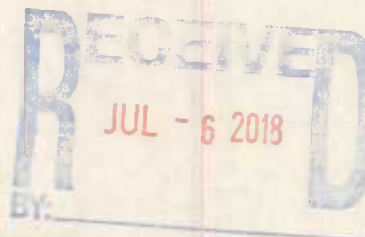


AI #65358



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2377. 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 checked="" type="checkbox"/> OWNER	<input checked="" type="checkbox"/> OPERATOR	(Must check one or both)
OPERATOR CONTACT PERSON:	Corbett D Hollingsworth		
OPERATOR COMPANY NAME:	Hollingsworth Enterprises Inc		
OPERATOR STREET OR P. O. BOX:	2749 Hwy 21		
OPERATOR CITY:	Forest	STATE:	MS
OPERATOR PHONE #:	(601) 469-2705	OPERATOR EMAIL:	Hollingsworthauc@att.net
OWNER CONTACT PERSON:	Corbett D Hollingsworth		
OWNER COMPANY:	Hollingsworth Enterprises Inc		
OWNER STREET OR P. O. BOX:	2749 Hwy 21		
OWNER CITY:	Forest	STATE:	MS
OWNER PHONE #:	(601) 469-2705	OWNER EMAIL:	hollingsworthauc@att.net

MINE INFORMATION

MINE SITE NAME: Hollingsworth mine

CONTACT NAME & POSITION: Corbett Hollingsworth

CONTACT PHONE NUMBER: (601) 469 2705

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

STREET: ~~State~~ Norris Rd Norris Homewood Rd

CITY: Forest Lake COUNTY: Scott ZIP: 39074

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).

N/W 1 /4 OF SE 1 /4 OF SECTION 22 , TOWNSHIP 5N , RANGE 8E

LATITUDE: ___ DEGREES ___ MINUTES ___ SECONDS LONGITUDE: ___ DEGREES ___ MINUTES ___ SECONDS

LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): 32.258552, -89.464625

TOTAL ACREAGE: 15.98 MATERIAL TO BE MINED: Sand, Clay, Gravel

ESTIMATED START DATE: 2018-06-01 ESTIMATED END DATE: 2023-03-31
YYYY-MM-DD YYYY-MM-DD

SIC CODE B NAICS CODE 21

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? ☒ YES ☐ NO

DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? ☒ YES ☐ NO

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 IMMEDIATELY FROM THE DATE OF RECOVERY ☒ YES or N.A. ☐ NO

IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, IS A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO, 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. ☒ YES or N.A. ☐ NO

IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY? ☐ YES ☒ NO

IS MINE DEWATERING PRESENT ON SITE? ☐ YES ☒ NO

IF CHECKED YES TO WASTEWATER 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: _____ (FT)
(MUST BE AT LEAST 150 FEET)

NUMBER OF RECIRCULATION POND(S): _____

STORAGE CAPACITY OF EACH RECIRCULATION POND: _____ (FT³)

IS MINE COVERED
MS

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.

Corbert D. Hollingsworth
Authorized Signature¹

7-2-18
Date

Corbert D. Hollingsworth
Printed Name

PEES
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

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 19th day of May, 1989, the State of Mississippi issued a Charter/ Certificate of Authority to:

HOLLINGSWORTH ENTERPRISES, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said HOLLINGSWORTH ENTERPRISES, INC. is in good standing at this time.

Given under my hand and seal of office
the 5th day of July, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18054148

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

F0008

2018207134

Fee: \$ 25



Business ID: 619654
Filed: 07/03/2018 03:40 PM
C. Delbert Hosemann, Jr.
Secretary of State

DELBERT HOSEMAN
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

2018 Corporate Annual Report

Business Information

Business ID: 619654

Business Name: HOLLINGSWORTH
ENTERPRISES, INC.

State of Incorporation: MS

Business Email: hollingsworthauc@att.net

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

FEIN: **-*****

Principal Address: 2749 HWY 21
Forest, MS 39074

Registered Agent

Name: CORBERT HOLLINGSWORTH

Address: 2749 HWY 21
FOREST, MS 39074-3430

Officers

Title/Name:

Address:

Director:

President: Corbert D Hollingsworth

2749 Hwy 21
Forest, MS 39074



Vice President:



Secretary: Mary K Hollingsworth

2749 Hwy 21
Forest, MS 39074



Treasurer: Mary K Hollingsworth

2749 Hwy 21
Forest, MS 39074



RECEIVED

JUL 06 2018

Dept. of Environmental Quality



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi



HOLLINGSWORTH ENTERPRISES, INC.

Business ID: 619654

The attached 3 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 05th day of July, 2018.

Given under my hand and seal of office
the 05th day of July, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18054148

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

Stocks

<i>Class:</i>	<i>Authorized:</i>	<i>Series:</i>	<i>Issued:</i>
Common	0		0
Common	0		0
Common	1000	N/a	1000

NAICS Code/Nature of Business

441120 - Used Car Dealers

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 **07/03/2018**.

Name:

Mary K Hollingsworth
Director

Address:

2749 Hwy 21
Forest, MS 39074

Officers List

Name:

Corbert D Hollingsworth
Director, President

Mary K Hollingsworth
Director, Secretary, Treasurer

Address:

2749 Hwy 21
Forest, MS 39074

2749 Hwy 21
Forest, MS 39074