



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2378 mining activity or this form will be conside be found at the bottom left corner of your	previous Certificate of Cove	rage.	
he submittal of this form is required to rec nd No Discharge General Permit. This form t the bottom of this form within 30 days of t	eive coverage under the reis m must be completed and re he date of the Letter of Instr	ssued Mining Sto turned to MDEQ action for Re-Co	rm Water, Dewatering at the address printed verage.
lease indicate the activities to be covered by	this Re-Coverage Form (ch	eck all that apply).
Storm Water Discharges Associated wit		ne Dewatering	
Wastewater Recirculation System with	No Discharge		
the appropriate section of this form must ecirculation system with no discharge and/of the company seeking coverage is a corpor-	ation, a limited liability com	pany, a partnersh	ip, or a business trust, e of Good Standing.
Attach proof of its registration with the Miss This registration or Certificate of Good Star Submittal of this coverage form. Coverage v Mississippi Secretary of State. ALL INFORMATION MUST 1	nding must be dated within the will be issued in the company BE COMPLETED (indicate APPLICANT INFORMATION	welve (12) month name as it is reg "N/A" where not	istered with the
This registration or Certificate of Good Star submittal of this coverage form. Coverage v. Mississippi Secretary of State. ALL INFORMATION MUST I	BE COMPLETED (indicate APPLICANT INFORMATION OPERATOR (Must ch	welve (12) monthy name as it is reg "N/A" where not eck one or both)	istered with the
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ALL INFORMATION MUST I APPLICANT IS THE OWNER OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: Saltillo	BE COMPLETED (indicate APPLICANT INFORMATION OPERATOR (Must ch ges Construction Company y Road 811 STATE: M	welve (12) month y name as it is reg "N/A" where not eck one or both) y	applicable)
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ALL INFORMATION MUST I APPLICANT IS THE OWNER OPERATOR COMPANY NAME: James A. Hodg OPERATOR STREET OR P. O. BOX: 1281 Count OPERATOR CITY: Saltillo OPERATOR CONTACT PERSON: Jessie M. Sulliva	BE COMPLETED (indicate APPLICANT INFORMATION OPERATOR (Must ch STATE: M OPERATOR EMAIL: CI	welve (12) month y name as it is reg "N/A" where not eck one or both) y	applicable)
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MINE INFORMATION

Sullivan Di	4	MUNEIN	FORMATION		
MINE SITE NAME: Sullivan Pi		in			
CONTACT NAME & POSITION					
ONTACT PHONE NUMBER:	662	842-8583			
MINE PHYSICAL SITE ADDRE	ESS (IF NOT AVAIL	ABLE INDICATE NE	EAREST NAMED ROAD):		
TREET: 482 CR 811					
Saltillo		COUNTY: Lee		ZIP: 38866	
TTACH A USGS QUAD MAP,	EXTENDING 1/2 MI	ILE BEYOND FACILI	ITY, OUTLINING THE MINI	E BOUNDARIES (Maps car	be obtained from
ne Mississippi Office of Geology.				.=	
SW 4 OF NW					
ATITUDE: 34 DEGREES 2					
AT & LONG DATA SOURCE	(GPS (PLEASE GPS	ENTRANCE GATE)	OR MAP INTERPOLATION): Map Interpolatio	n
OTAL ACREAGE: 4		MATERIAL TO BE	MINED: BOTTOW		
STIMATED START DATE:	3-10-2014		ESTIMATED END DATE:	3-10-2023	
IC CODE 144			NAICS CODE_	YYYY-MM-DD	

HE GENERAL PERMIT REQI ONTROLLING STORM WAT MPS (SEE BELOW) ARE REQ	ER POLLUTANTS.	ACCORDINGLY, IN			
				-	
S A COPY OF THE SWPPP AT	THE PERMITTED	SITE OR LOCALLY	AVAILABLE?	✓ YES	NO
OES SWPPP CONTAIN AN UI OLLUTANT SOURCES AND I				✓ YES	NO
F A SEDIMENTATION BASIN URFACE OF THE BASIN? IF I ROM THE DATE OF RECOVI	NO, THE BASIN MI			TELY ✓ YES or N.A.	NO
FTRUCK TRAFFIC LEAVES IS A CONSTRUCTION EXIT AS NSTALLED IMMEDIATELY ON NACTIVE, BUT IS SUBMITTI NSTALLED IMMEDIATELY O	N INSTALLED BMI OF THE DATE OF F NG A RECOVERAC	P? IF <u>NO</u> , A CONSTRI RECOVERAGE. IF A GE FORM, THE CONS	UCTION EXIT MUST BE MINE IS CURRENTLY		NO
A WASTEWATER RECIRCU	LATION SYSTEM	WITH NO DISCHAR	GE USED ON THE FACILIT	Y? YES	√ NO
MINE DEWATERING PRESI	ENT ON SITE?			YES	√ NO
IF CHECKED	YES TO WASTERV	VATER RECIRCULA	TION SYSTEM WITH NO DI	SCHARGE, FILL OUT BE	LOW
MINE COVERED UNDER VA	ALID "NO DISCHA	RGE" STATE OPERA	TING PERMIT?	YES	NO
ERMIT NO. MS					
ISTANCE BETWEEN RECIRC	CULATION POND(S	S) AND PROPERTY L	JNE:(FT)		
MUST BE AT LEAST 150 FEET	Γ)				
MUST BE AT LEAST 150 FEET	,				
MUST BE AT LEAST 150 FEET UMBER OF RECIRCULATION FORAGE CAPACITY OF EAC	N POND(S):				(FT³)

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHAR	GE PERMIT FOR MINE DEWATE	RING? YES NO	
PERMIT NO. MS			
ESTIMATED DEWATERING VOLUME:	(GAL/DAY)		
NAME AND ADDRESS OF THE RECIPIENT OF THE I	DISCHARGE MONITORING REPO	PRTS (DMRs), IF DIFFERENT FROM SIGNATORY:	
to assure that qualified personnel property gathered and e- system, or those persons directly responsible for gathering	valuated the information submitted. the information, the information sub-	direction or supervision in accordance with a system design Based on my inquiry of the person or persons who manage t mitted is, to the best of my knowledge and belief, true, accura ncluding the possibility of fine and imprisonment for knowi	
Andy Hodges	President	President	
Printed Name	Title	Title	
This application shall be signed according to the General I For a corporation, by a responsible corporate office For a partnership, by a general partner. For a sole proprietorship, by the proprietor. For a municipal, state or other public facility, by ei officer, the mayor, or ranking elected official. Duly Authorized Representative	er.	Please submit this form to: Chief, Environmental Permits Division MDEQ, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225	

