



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1770 . 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.

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The submittal of this form is required to a and No Discharge General Permit. This for at the bottom of this form within 30 days of	receive coverage un orm must be compl f the date of the Le	ider the reissued Mineted and returned to	ning Storm Water, Dewateri MDEQ at the address print
Please indicate the activities to be covered i	by this Re-Coverag	e Form (check all tha	at apply).
Storm Water Discharges Associated w		Mine Dewater	
Wastewater Recirculation System with	h No Discharge		
The appropriate section of this form murecirculation system with no discharge and	or discharge impo-	duced mine water (de	ewatering).
If the company seeking coverage is a corporattach proof of its registration with the Miss	ration, a limited lia	bility company, a par	tnership, or a business trust
attach proof of its registration with the Miss. This registration or Certificate of Good States submittal of this coverage form. Coverage of the Coverage of t	sissippi Secretary o	f State and/or its Cer	rtificate of Good Standing.
Submittal of this coverage form. Coverage	WILL DE ISSUEU III THE	company name as it	is registered with the
submittal of this coverage form. Coverage v Mississippi Secretary of State			
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ALL INFORMATION MUST I APPLICANT IS THE OWNER OPERATOR COMPANY NAME: James A. Hodge	APPLICANT INFORM OPERATOR Construction ((indicate "N/A" when MATION (Must check one or both	
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Mississippi Secretary of State ALL INFORMATION MUST I	APPLICANT INFORM OPERATOR Road 811 OPERATOR E	(indicate "N/A" when MATION (Must check one or both company TATE: MS MAIL: crankin0853@	h)

MINE SITE NAME: Endville Properties, LLC, Endville Mine CONTACT NAME & POSITION: Chad Rankin CONTACT PHONE NUMBER: (662) 842-8583 MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD): STREET: Hwy 9 CITY: Sherman COUNTY: PONOTOC ZIP ATTACH A USGS QUAD MAP, EXTENDING ¼ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIE the Mississippi Office of Geology. For information call 601-961-5523). SW /4 OF NW /4 OF SECTION 5 , TOWNSHIP 9S , RANGE 4E LATITUDE: 34 DEGREES 19 MINUTES 44 SECONDS LONGITUDE: 88 DEGREES 54 MINUTES 44 SECONDS LONGITUDE: 88 DEGREES 55 INTERPOLATION): Map Interpolation of the Longitude of the Material to be mined: BOITOW ESTIMATED START DATE: 5-1-2008 STORM WATER POLLUTION PREVENTION PLAN (SWPPP) THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE. UP-TO-DATE AND BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP. SA COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? V Y	ES (Maps can be obtained from the seconds of the second of the seconds of the second of
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F 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 F TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, SA CONSTRUCTION EXIT AN INSTALLED BMP? IF NO. A CONSTRUCTION EXIT MUST BE NACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE NACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE NACTIVE.	ES OF N.A. NO
A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	ES ✓ NO
MINE DEWATERING PRESENT ON SITE?	
	ES NO
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL	OUT BELOW
MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT? ERMIT NO. MSYE	
STANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE:(FT) UST BE AT LEAST 150 FEET)	
MBER OF RECIPCIH ATION BOND OF	
MBER OF RECIRCULATION POND(S): ORAGE CAPACITY OF EACH RECIRCULATION POND:	

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERM	MIT FOR MINE DEWATERING?	VES NO
PERMIT NO. MS		NO
ESTIMATED DEWATERING VOLUME:		
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARG	GE MONITORING REPORTS (DMI	Rs), IF DIFFERENT FROM SIGNATORY:
certify under penalty of law that this document and all attachments of assure that qualified personnel properly gathered and evaluated the yestem, or those persons directly responsible for gathering the information of the complete.	were prepared under my direction or e information submitted. Based on m	supervision in accordance with a system des
nd complete. I am aware that there are significant penalties for subniciations.	ition, the information submitted is, to nitting false information, including the	ILLUBIEV (I) INF DEPEND OF DANGE
iolations. Alley How	nitting false information, including the	ILLUBIEV (I) INF DEPEND OF DANGE
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Andy Hodges	nitting false information, including the	ILLUBIEV (I) INF DEPEND OF DANGE
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