

AI #71986



RECEIVED
AUG 07 2018

BY: _____

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2462. 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 type="checkbox"/> OPERATOR | (Must check one or both) |
| OPERATOR CONTACT PERSON: | Michael Morris | | |
| OPERATOR COMPANY NAME: | Krystal Gravel Inc. | | |
| OPERATOR STREET OR P. O. BOX: | 113 Bobo Drive | | |
| OPERATOR CITY: | Crystal Springs | STATE: | MS |
| | | ZIP: | 39059 |
| OPERATOR PHONE #: | (601) 892-6200 | OPERATOR EMAIL: | mmorris@krystalgravel.com |
| OWNER CONTACT PERSON: | Michael Morris | | |
| OWNER COMPANY: | Krystal Gravel Inc. | | |
| OWNER STREET OR P. O. BOX: | 113 Bobo Drive | | |
| OWNER CITY: | Crystal Springs | STATE: | MS |
| | | ZIP: | 39059 |
| OWNER PHONE #: | (601) 892-6200 | OWNER EMAIL: | mmorris@krystalgravel.com |

MINE SITE NAME: Krystal Gravel Inc., Refuge Resource Mine

CONTACT NAME & POSITION: Michael Morris/Operations Manager

CONTACT PHONE NUMBER: 601) 892-6200

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

STREET: Crystal Springs

CITY: Copiah COUNTY: ZIP: 39059

ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).

_____/4 OF SECTION _____, TOWNSHIP _____, RANGE _____

LATITUDE: _____ DEGREES _____ MINUTES _____ SECONDS
LONGITUDE: _____ DEGREES _____ MINUTES _____ SECONDS

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

TOTAL ACREAGE: _____ MATERIAL TO BE MINED: Gravel

ESTIMATED START DATE: 2017-10-11

ESTIMATED END DATE: _____

SIC CODE 1442 NAICS CODE 212321

YYYY-MM-DD

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING?

☐ YES

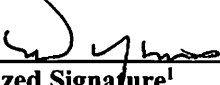
☒ NO

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.


Authorized Signature¹

Date

8-3-18

Michael Morris

Operations Manager

Printed Name

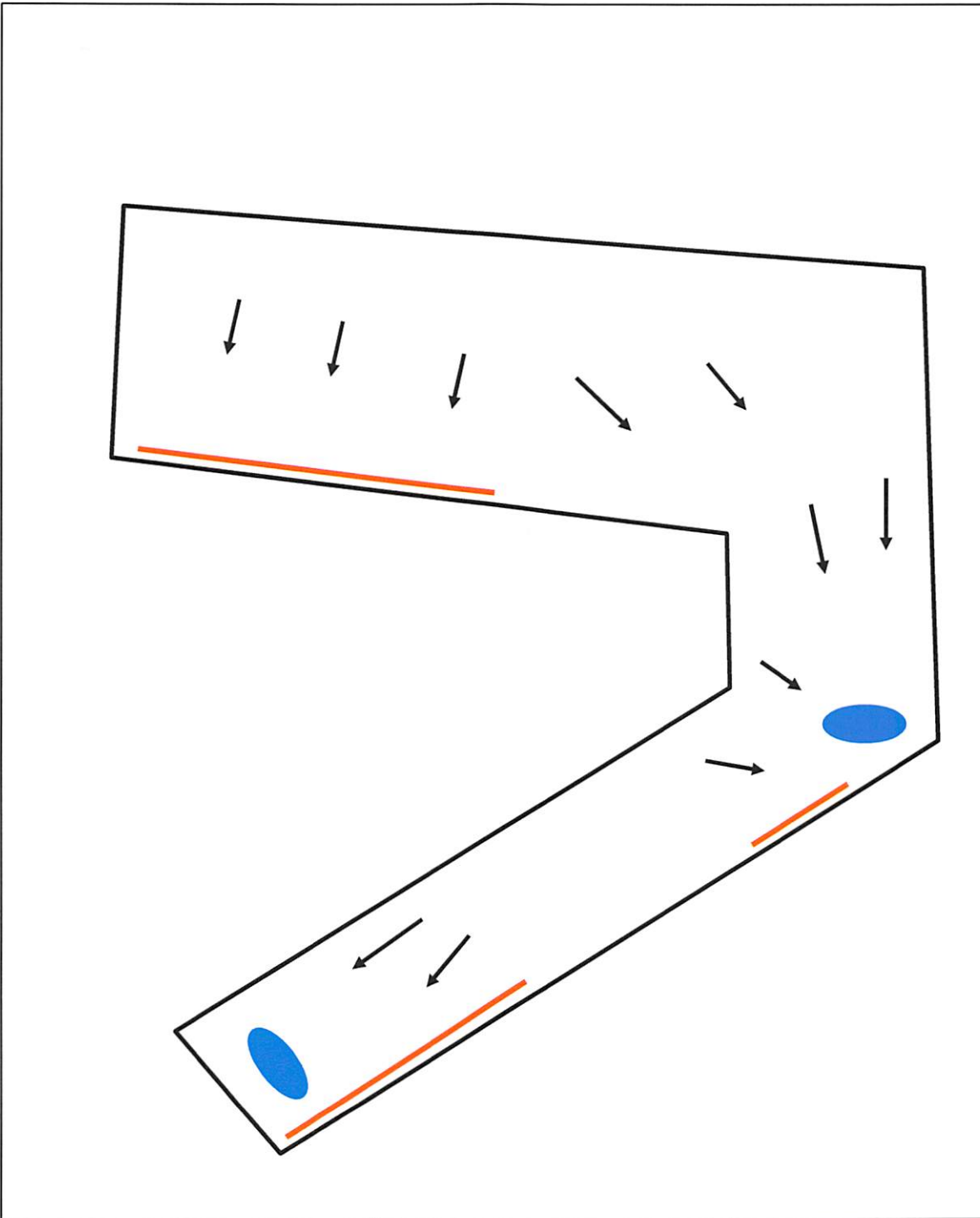
Title

¹This application shall be signed according to the General Permit, Act 15, T-4 as follows:

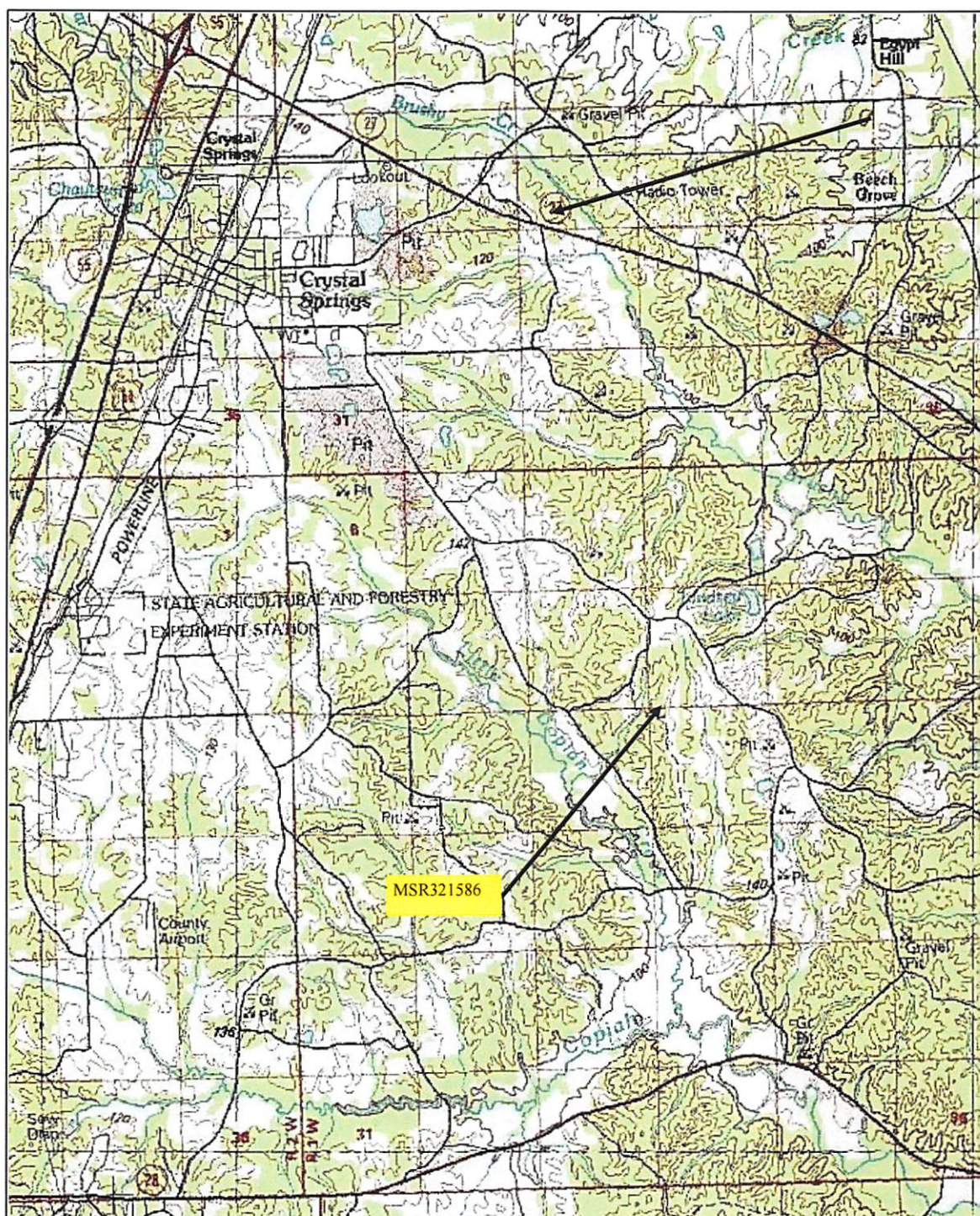
- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official.
- Duly Authorized Representative

Please submit this form to:

Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225



| | | | | | | |
|---|--|---|--|--|---|--|
| <p>Berm Settling Basin</p> <p>Direction of Flow →</p> <p>No Structures, equipment or recirculation.</p> | | <p> Franklin Environmental Group</p> <p>Created By: DFM 03/05/17</p> <p>Checked By: DFM 03/05/17</p> | | | <p>MSR321586 General Site Plan</p> <p>SCALE 1" = 1000'</p> <p></p> | |
|---|--|---|--|--|---|--|



MSR321586



Franklin Environmental Group

Crystal Springs 1963
Topography Map

Created By:

DFM

04/23/18

SCALE

Checked By:

DFM

04/23/18

1" = 10,000'

