

AI #69785



RECEIVED
OCT 15 2018

Dept. of Environmental Quality

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2554. 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 ☒ OWNER ☒ OPERATOR (Must check one or both)

OPERATOR CONTACT PERSON: Anthony Leath

OPERATOR COMPANY NAME: A: B Construction, LLC

OPERATOR STREET OR P. O. BOX: P.O. BOX 5

OPERATOR CITY: Thaxton STATE: MS ZIP: 38871

OPERATOR PHONE #: 662 311-5203 OPERATOR EMAIL: AnthonyLeath@yahoo.com

OWNER CONTACT PERSON: Anthony Leath

OWNER COMPANY: A: B Construction, LLC

OWNER STREET OR P. O. BOX: P.O. BOX 5

OWNER CITY: Thaxton STATE: MS ZIP: 38871

OWNER PHONE #: 662 311-5203 OWNER EMAIL: AnthonyLeath@yahoo.com

MINE SITE NAME: _____

CONTACT NAME & POSITION: _____

CONTACT PHONE NUMBER: (_____) _____

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

STREET: _____

CITY: _____ COUNTY: _____ ZIP: _____

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: _____

ESTIMATED START DATE: _____ ESTIMATED END DATE: _____

SIC CODE _____ NAICS CODE _____

YYYY-MM-DD YYYY-MM-DD

THE GENERAL PERMIT REQUIRES THE SWPP 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 SWPP.

IS MINE DEWATERING PRESENT ON SITE? ☐ YES ☐ NO

IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT? YES ☐ NO ☐

NUMBER OF RECIRCULATION POND(S):

(11)

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.

Anthony Leath
Authorized Signature¹

5/29/18
Date

Anthony Leath
Printed Name

President
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