AI#65797



## RECEIVED OCT 2 2 2018

Dept. of Environmental Quality

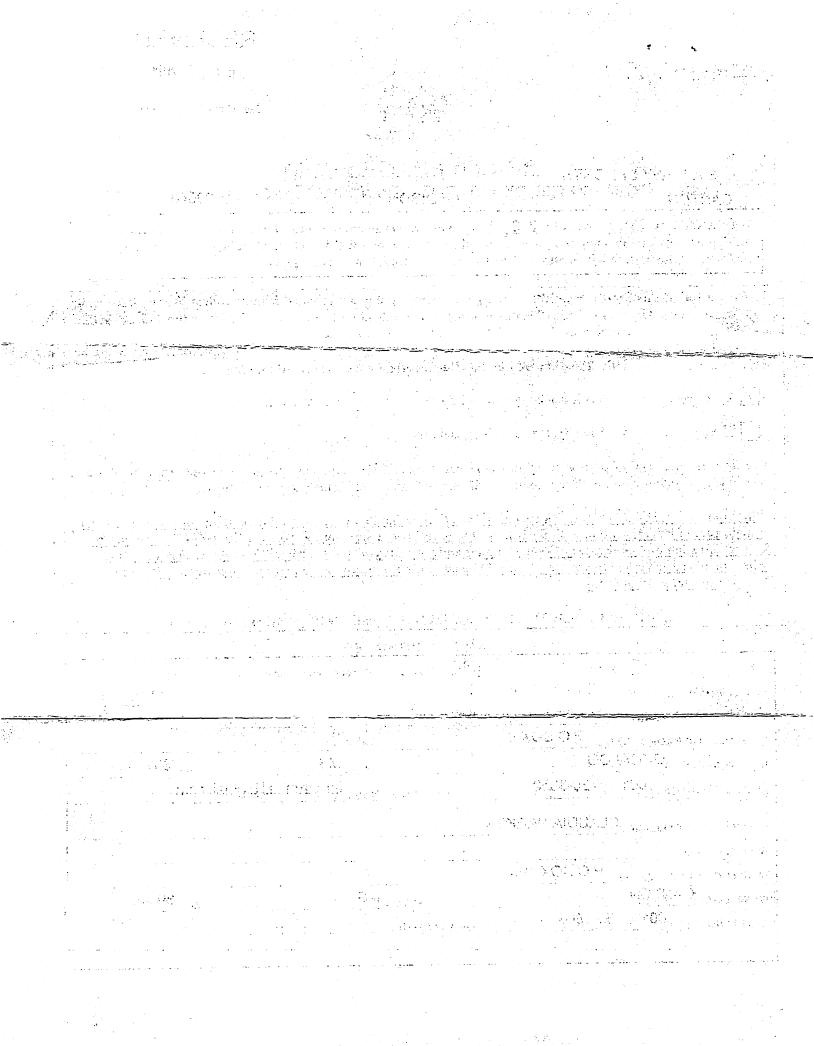
## RE-COVERAGE FORM

## MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 3 9 9. 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

	of the date of the Le		. Ite Coverage.
Please indicate the activities to be covered	l by this Re-Coverag	e Form (check all th	at apply).
Storm Water Discharges Associated	with Mining	Mine Dewate	ring
Wastewater Recirculation System w	ith No Discharge		
The appropriate section of this form n recirculation system with no discharge an	nust be completed if nd/or discharge impo	the applicant propunded mine water (d	ooses to operate a wastewate ewatering).
If the company seeking coverage is a corpattach proof of its registration with the M	oration, a limited lia	bility company, a pa	rtnership, or a business trust,
submittal of this coverage form. Coverage	tanding must be date	ed within twelve (12)	months of the date of the
Mississippi Secretary of State.	E DE COLON ESSE		
ALL INFORMATION MUST			ere not applicable)
	APPLICANT INFOR	MATION	
APPLICANT IS THE OWNER	✓ OPERATOR	(Must check one or bo	th
IEDD) ( TO !			cii)
OPERATOR COMPANY NAME: TRUNNELL	RUCKING INC.		,
OPERATOR COMPANY NAME: TRUNNELL TO OPERATOR STREET OR P. O. BOX: P O BOX S	RUCKING INC.		
OPERATOR CONTACT PERSON: JERRY TRU  OPERATOR COMPANY NAME: TRUNNELL TO  OPERATOR STREET OR P. O. BOX:  OPERATOR CITY: TOUGALOO	RUCKING INC.		
OPERATOR COMPANY NAME: TRUNNELL TOPERATOR STREET OR P. O. BOX:  OPERATOR CITY: TOUGALOO	FRUCKING INC.	<sub>STATE:</sub> MS <sub>EMAIL:</sub> jerrytrunnelle	ZIP: 39174
OPERATOR COMPANY NAME: TRUNNELL TOPERATOR STREET OR P. O. BOX: P O BOX STREET OF P. O. BOX: OPERATOR CITY: TOUGALOO  OPERATOR PHONE #: (601) 720-3850	PERUCKING INC.  OPERATOR	STATE: MS	ZIP: 39174
OPERATOR COMPANY NAME: TRUNNELL TOPERATOR STREET OR P. O. BOX: P O BOX STREET OF P. O. BOX: P O	PERUCKING INC.  OPERATOR	STATE: MS	ZIP: 39174
OPERATOR COMPANY NAME: TRUNNELL TOPERATOR STREET OR P. O. BOX: P O BOX SOPERATOR CITY: TOUGALOO  OPERATOR PHONE #: (601) 720-3850  OWNER CONTACT PERSON: CLAUDIA PARIOWNER COMPANY:	OPERATOR	STATE: MS	ZIP: 39174
OPERATOR COMPANY NAME: TRUNNELL TOPERATOR STREET OR P. O. BOX: P O BOX SOPERATOR CITY: TOUGALOO  OPERATOR PHONE #: (601) 720-3850  OWNER CONTACT PERSON: CLAUDIA PARIOWNER COMPANY:  OWNER STREET OR P. O. BOX: P O BOX 4960  OWNER CITY: CANTON	OPERATOR  STATE-	STATE: MS EMAIL: jerrytrunnelle	ZIP: 39174 @gmail.com
OPERATOR COMPANY NAME: TRUNNELL	OPERATOR  STATE-	STATE: MS	ZIP: 39174



ON.	SAA	Ġ.	E OPERATING PERMIT	ARGE" STAT	VI'ID «NO DISCHIV	IS MINE CONERED PUDER V
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW						
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ONYYN	<u>▼</u> VES or	EROM THE DATE OF RECOVERAGE. SURFACE OF THE BASIN? IF <u>VO.</u> THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY IF A SEDIMENTATION BASIN IS A PROJECT BAIP, DOES IT DISCHARGE ONLY FROM THE				
ON	√ ves	DOES SMAAA CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER				
ON	<u> </u>		OCVEEK VAVIEVBEES	D SILE OK FO	L THE PERMITTEI	IS V COLA OF THE SWPPP AT
		ALABLE, UP-TO-DA	AGEA, IN ADDITION TO	L TO BE ONS	ER POLLUTARIS	THE GENERAL PERMIT REQ CONTROLLING STORM WAT BAPS (SEE BELOW) ARE REG
·						
	31/20	STRUCKS	ESTIMATED I	-	1/26/2016	ESTIMATED START DATE:
		_	TO BE MINED: DIK.			TOTAL ACREAGE:
						LAT & LONG DATA SOURCE
Sand A	h salanin				_	LATITUDE: 22 DEGREES 2
ATTACH A USGS QUAD MAP, EXTENDING % MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).  SE A OF SECTION 6 A TOWNSHIP 9N RANCE 3E						
91	3904 3804		MADISON	COUNTY		CITY: CANTON
		) KOAD):	CVLE NEVBERL NVNE	TVBFE INDIC		RANGE STATE AND
				720-38		CONLYCL БНОИЕ ИПИВЕВ <sup>‡</sup>
			ЯОТАЯЭЧО	חמאברר'	AT YAAƏL :	COLLVCL NAME & POSITIO
					NINE	MINE SITE NAME: PARKER I
			MINE INEORMYLION			

(FT)\_\_

(FT<sup>3</sup>)

SLOBVCE CV6VCILA OF EACH RECIRCULATION POND:

(WIGLL BE VL TEVZL 180 EEEL) DIZLYNCE BELMEEN BECIBCOLVLION BOYD(S) VND BBOBEBLA TINE:  $^{-}$ 

ACHBER OF RECIRCULATION POND(S):  $\overline{\phantom{a}}$ 

PERMITIO, MIS\_

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PERMIT NO. MS	1
ESTIMATED DEWATERING VOLUME:(GA	AL/DAY)
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MO	ONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY:
system, or those persons directly responsible for gathering the information, the	orepared under my direction or supervision in accordance with a system designed mation submitted. Based on my inquiry of the person or persons who manage the the information submitted is, to the best of my knowledge and belief, true, accurate false information, including the possibility of fine and imprisonment for knowing
Menny Lunes D.	5/22/2018
Authorized Signature	Date
JERRY TRUNNELL	TRUNNELL TRUCKING-OWNER/OPERATOR
Printed Name	Title
This application shall be signed according to the General Permit, Act 15, T-For a corporation, by a responsible corporate officer.	4 as follows: Please submit this form to:

- 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

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



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

ON

LES

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW