AI#72839





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## **RE-COVERAGE FORM**

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2 1 0 0. 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)				
Mississippi Secretary of State.  ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)  APPLICANT INFORMATION				
ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)				
ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)  APPLICANT INFORMATION  APPLICANT IS THE OWNER (Must check one or both)				
ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)  APPLICANT INFORMATION  APPLICANT IS THE OWNER (Must check one or both)  OPERATOR CONTACT PERSON:				
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: ANALYCE ONIVAL OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: OPERATOR CITY: STATE: STATE: STATE: STATE: OPERATOR CITY: OPE				
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: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: OPERATOR CITY: STATE: WS ZIP: 341591  OPERATOR PHONE #: (1412) (148 445) OPERATOR EMAIL: ALIVING DIVY SCYVICE OF AND				
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: ANALYCE ONIVAL OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: OPERATOR CITY: STATE: STATE: STATE: STATE: OPERATOR CITY: OPE				
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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: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: OPERATOR CITY: STATE: STATE: STATE: OPERATOR PHONE #: (LAD) (LAS SATE) OPERATOR EMAIL: (MINN divi Service Office)  OWNER CONTACT PERSON: OPERATOR EMAIL: (MINN divi Service Office)  OWNER CONTACT PERSON: OPERATOR EMAIL: (MINN divi Service Office)  OWNER CONTACT PERSON: OPERATOR EMAIL: (MINN divi Service Office)  OWNER CONTACT PERSON: OPERATOR EMAIL: (MINN divi Service Office)				
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( <sup>c</sup> T <sup>3</sup> )	STORAGE CAPACITY OF EACH RECIRCULATION POND:	
	NUMBER OF RECIRCULATION POND(S):	
OPERTY LINE:(FT)	(WIGL BE VI. TEVRI. 120 EEEI.) DISLYNCE BEILMEEN KECIKCHTVIION BOND(S) VND BKG	
	PERMIT NO. MS	
LE OPERATING PERMIT? NO	IS MIZE COVERED UNDER VALID "NO DISCHARGE" STAT	
CIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW	IE CHECKED AES TO WASTERWATER REC	
ON X NO	IS MINE DEMVLERING BRESENT ON SITE?	
DISCHVEGE USED ON THE FACILITY? WES X NO	IS A WASTEWATER RECIRCULATION SYSTEM WITH NO	
	INSTALLED IMMEDIATELY OF THE MINE BECOMING AC	
	INSTALLED IMMEDIATELY OF THE DATE OF RECOVERA, I	
	IS V CONSLED EVIL VN INSLVITED BYIES IE $\overline{100}$ V IE LEGEK LEVELIC TEVAES WIINING SILE VND WOAES D	
avod Si idila da Avd OENO A RESIdil		
	EBOM THE DATE OF RECOVERAGE.  SURFACE OF THE BASIN PLACE.	
L DISCHVRGE ONLY FROM THE	IF A SEDIMENTATION BASIN IS A PROJECT BAIP, DOES IT	
	DOES SWPPP COUTAIN AN UP-TO-DATE BMPS TO EFFECTI POES SWPPP COUTAIN AN UP-TO-DATE ASSESSMENT OF	
COCVITA VAVITVBIES NO	IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR L	
THE GENERAL PERMIT REQUIRED TO BE IN THE SWPPP.  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 SWPPP.		
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
WICS CODE 5/55 SWI-DD	SIC CODE TALL SAME DE LA LLEGACION A	
ESTIMATED END DATE:	ESTIMATED START DATE:	
VT TO BE MINED:	TOTAL ACREAGE: MATERIA	
CE CATE) OR MAP INTERPOLATION):	LAT & LONG DATA SOURCE (CPS (PLEASE GPS ENTRANG	
FONGILIDE: DECKEES WINDLES SECONDS	rylilnde: peckees winnles seconds	
TOWNSHIP ( / / / , RANGE / )		
the Mississippi Office of Geology. For information call 601-961-5523).		
ATTACH A USGS QUAD MAP, EXTENDING & MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from		
CITY: STAN FULL COUNTY: CELL DOC NATE: SIP: 30-159		
STREET: TOWNSON 120		
NINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		
CONTACT PHONE NUMBER: (1028 125)		
CONTACT NAME & POSITION: AND CONTACT WATER		
MINE SILE NAME: WANTY OF THE WORLD PH		
MINE INFORMATION		

## 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.				
And C 10/29/18				
Authorized Signature <sup>1</sup> Date				
André Quinn Membet				
Printed Name Title				
This 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.	Please submit this form to:  Chief, Environmental Permits Division MDEO, Office of Pollution Control			

- For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official. Duly Authorized Representative

P.O. Box 2261

Jackson, Mississippi 39225



## DELBERT HOSEMANN Secretary of State

This is not an official certificate of good standing.

Name History

Name

Quinn Dirt Service LLC

Name Type

Legal

**Business Information** 

Business Type:

Limited Liability Company

**Business ID:** 

906487

Status:

Good Standing

Effective Date:

02/05/2007

State of Incorporation:

Mississippi

Principal Office Address:

266 Muldrow Rd Starkville, MS 39759

Registered Agent

Name

Loyd B (Rob) Roberson II, Attorney at Law 203 E Main Street; Post Office Box 80265 Starkville, MS 39759

Officers & Directors

Name

Title

Andre Quinn 266 Muldrow Rd

Starkville, MS 39760

Manager, Member