

AI #72991



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2706 . 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

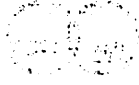
The appropriate section of this form must be completed if the applicant proposes to operate a wastewater recirculation system with no discharge and/or discharge impounded mine water (dewatering).

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:	James C. Sullivan, Jr.		
OPERATOR COMPANY NAME:	Talbot Brothers Grading Co. Inc.		
OPERATOR STREET OR P. O. BOX:	P.O. Box 364		
OPERATOR CITY:	Nesbit	STATE:	MS
		ZIP:	38651
OPERATOR PHONE #:	(901) 831-0082	OPERATOR EMAIL:	jamie.talbotbrothers@gmail.com
OWNER CONTACT PERSON:	James C. Sullivan, Jr.		
OWNER COMPANY:	Talbot Brothers Grading Co. Inc.		
OWNER STREET OR P. O. BOX:	P.O. Box 364		
OWNER CITY:	Nesbit	STATE:	MS
		ZIP:	38651
OWNER PHONE #:	(901) 831-0082	OWNER EMAIL:	jamie.talbotbrothers@gmail.com



RE-COVERAGE FORM

MINISTERS OF WATER, WASTE AND NOISE CONTROL

CENTRAL PRESENT: MESSRS 2700. This coverage number must be completed for the relevant... This form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of the previous Certificate of Coverage.

The submitter of this form is required to receive coverage under the relevant Mining Storm Water Discharge and No Discharge Permit. This form must be completed and returned to MWDN at the address printed at the bottom of this form within 30 days of the date of the Notice of Violation for best coverage.

Please indicate the activities to be covered by this Re-Coverage Form (check all that apply).

- Water/Water Discharge Associated with Mining [X]
Wastewater Reclamation System with No Discharge []
Mining Discharge []

The appropriate section of this form must be completed if the applicant proposes to operate a wastewater reclamation system with no discharge and/or discharge impounded mine water (sewerage).

If the company/individual is a corporation, a partnership, a partnership, or a business trust, attach a copy of its certificate of incorporation, partnership agreement, or other legal document to this form. The registration of this coverage form (coverage will be issued in the company name) will be registered with the Mississippi Secretary of State.

ALL INFORMATION MUST BE COPIED (Indicate "NO" where not applicable)

Form with multiple sections for company information, operator details, and contact information. Includes fields for company name, address, phone, fax, email, and operator name. Contains checkboxes for 'Operator is the' and 'Operator is not the'.

MINE INFORMATION

MINE SITE NAME: Whitney Tallaha Mine

CONTACT NAME & POSITION: James C. Sullivan, Jr., Vice President

CONTACT PHONE NUMBER: (901) 831-0082

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

STREET: Approximately 234 Tallaha Rd

CITY: Charleston COUNTY: Tallahatchie ZIP: 38920

ATTACH A USGS QUAD MAP, EXTENDING ¼ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).

SW 1/4 OF SE 1/4 OF SECTION 2, TOWNSHIP 24N, RANGE 2E

LATITUDE: 33 DEGREES 58 MINUTES 21 SECONDS LONGITUDE: 90 DEGREES 03 MINUTES 23 SECONDS

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

TOTAL ACREAGE: 16 **MATERIAL TO BE MINED:** Borrow Dirt

ESTIMATED START DATE: 2018-01-05
YYYY-MM-DD

ESTIMATED END DATE: 2020-12-31
YYYY-MM-DD

SIC CODE _____

NAICS CODE _____

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

THE GENERAL PERMIT REQUIRES THE SWPPP 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 SWPPP.

IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?

☒ YES ☐ NO

DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPs TO EFFECTIVELY CONTROL THEM?

✓ YES **NO**

IF 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 FROM THE DATE OF RECOVERY.

✓ YES or N.A. NO

IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, IS A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO, A CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE DATE OF RECOVERY. IF A MINE IS CURRENTLY INACTIVE, BUT IS SUBMITTING A RECOVERY FORM, THE CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.

✓ YES or N.A.	NO
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IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?

YES **✓ NO**

IS MINE DEWATERING PRESENT ON SITE?

	YES	✓ NO
1. Do you have a current driver's license?		
2. Do you have a current vehicle insurance policy?		
3. Do you have a current vehicle registration?		
4. Do you have a current vehicle inspection sticker?		
5. Do you have a current vehicle title?		
6. Do you have a current vehicle sales tax receipt?		
7. Do you have a current vehicle license plate?		
8. Do you have a current vehicle title transfer fee receipt?		
9. Do you have a current vehicle title transfer fee receipt?		
10. Do you have a current vehicle title transfer fee receipt?		
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18. Do you have a current vehicle title transfer fee receipt?		
19. Do you have a current vehicle title transfer fee receipt?		
20. Do you have a current vehicle title transfer fee receipt?		

IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW

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

☐ YES ☐ NO

PERMIT NO. MS _____

DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: _____ (FT)
(MUST BE AT LEAST 150 FEET)

NUMBER OF RECIRCULATION POND(S): _____

STORAGE CAPACITY OF EACH RECIRCULATION POND: _____ (FT³)

HOUSE INFORMATION

HOUSE NAME: [Name] [Address] [City] [State] [Zip]

CONTACT NAME & POSITION: James C. Sullivan, Jr. Vice President

CONTACT NUMBER: 801-881-0083

PHYSICAL ADDRESS (HOUSE ADDRESS): [Address]

CITY: Charleston

STATE: West Virginia

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. DATE OF DECLASSIFICATION: [Date] BY: [Name]

SW 25 1/4 SECTION 25 TOWNSHIP 24N RANGE 2E

SECTION 25 TOWNSHIP 24N RANGE 2E

SECTION 25 TOWNSHIP 24N RANGE 2E

SECTION 25 TOWNSHIP 24N RANGE 2E

SECTION 25 TOWNSHIP 24N RANGE 2E

SECTION 25 TOWNSHIP 24N RANGE 2E

SECTION 25 TOWNSHIP 24N RANGE 2E

PROPERTY INFORMATION

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

PROPERTY INFORMATION: [Information]

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

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

☐ YES

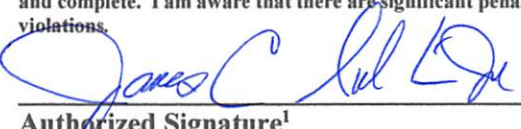
☐ NO

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.


Authorized Signature¹

James C. Sullivan, Jr.

Printed Name

November 20, 2018

Date

Vice 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

IF THE FIELD YES TO ANY OF THE FOLLOWING QUESTIONS, CHECK YES

IS THIS FIELD YES TO ANY OF THE FOLLOWING QUESTIONS, CHECK YES	YES ☐ NO ☐
PERMIT NO. MS	
EXPIRATION DATE (MM/DD/YYYY)	
NAME AND ADDRESS OF THE FIELD OFFICE (PLEASE PRINT FULL NAME AND ADDRESS)	

I certify under penalty of law that this document and all attachments were prepared under no direction or supervision in connection with any case or matter in which I or any person associated with me is a party or has a direct or indirect financial interest. I am not a party or has a direct or indirect financial interest in any case or matter in which I or any person associated with me is a party or has a direct or indirect financial interest.

November 30, 2019

Date

Authorized Signature

Vice President

James C. Sullivan Jr.

Title

Printed Name

This application shall be signed according to the following instructions:
- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipality, state or other public body, by either a principal executive officer, the mayor, or ranking elected official.
- Only authorized representatives.

Please submit this form to: Mississippi Department of Transportation 71000, Office of Pollution Control P.O. Box 1201 Jackson, Mississippi 39202
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