

RECEIVED JAN 1 1 2019

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 19. 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.

	ermit. This form must be thin 30 days of the date of	be completed and return of the Letter of Instruc	ed Mining Storm Water, Dewatering rned to MDEQ at the address printed tion for Re-Coverage.						
Please indicate the activities to be covered by this Re-Coverage Form (check all that apply).									
Storm Water Discharge	s Associated with Minin	g Mine I	Dewatering						
Wastewater Recirculation	on System with No Disch	iarge	ada aktoria (1991) kalandari kalandari kalandari kalandari kalandari kalandari kalandari kalandari kalandari k Kalandari (1991) kalandari kalandari kalandari kalandari kalandari kalandari kalandari kalandari kalandari kal						
The appropriate section of recirculation system with no	this form must be com discharge and/or discha	pleted if the applican rge impounded mine w	it proposes to operate a wastewater						
attach proof of its registratio This registration or Certifica submittal of this coverage for Mississippi Secretary of State	age is a corporation, a line with the Mississippi Sete of Good Standing must. Coverage will be issue	mited liability companer in the companer in the company of State and/or state and sta	y, a partnership, or a business trust, r its Certificate of Good Standing. ve (12) months of the date of the me as it is registered with the						
		ANT INFORMATION							
APPLICANT IS THE OWNI	BOBBY (ROBERT)) ABM STRONG							
OPERATOR COMPANY NAME:			ors INC.						
OPERATOR STREET OR P. O. BOX:									
OPERATOR CITY: BRAND			zip: <u>39047</u>						
OPERATOR PHONE #: (601)	1 20-4453 0	PERATOR EMAIL: <u>130/3</u> /	BY 1201 @ ME. COM						
OWNER CONTACT PERSON:	SAME								
OWNER COMPANY:									
OWNER STREET OR P. O. BOX:									
OWNER CITY:		STATE:	ZIP:						
OWNER PHONE #: ()	OWNI	ER EMAIL:							
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MINE INFORMATION

MINE SITE NAME: BURK S MIVE								
CONTACT NAME & POSITION: BOBBY ARMSTRONG PRESIDENT								
CONTACT PHONE NUMBER: (601) 720 - 4453								
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):								
STREET: WIRTZ ROAD		<u> </u>						
CITY: FLOWOOD COUNTY: BANKIN	_ ZIP:	32						
ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).								
LATITUDE: DEGREES MINUTES SECONDS LONGITUDE: DEGREES	MINUTES SE	CONDS						
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):								
TOTAL ACREAGE: MATERIAL TO BE MINED:								
ESTIMATED START DATE: ESTIMATED END DATE:	(-MM-DD.							
SIC CODENAICS 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?								
IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF <u>NO.</u> THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERAGE.	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 RECOVERAGE. IF A MINE IS CURRENTLY INACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.	YES or N.A.	NO.						
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	YES	NO						
IS MINE DEWATERING PRESENT ON SITE?	YES	No						
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)						

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FO	R 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.							
Rofer a amstrong	1-5-19						
Authorized Signature ¹	Date						
BOBERT A. ABM STRONG	PAESIDER	15					
Printed Name	Title						
This application shall be signed according to the General Permit, Act 15, To 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 officer; the mayor, or ranking elected official. Duly Authorized Representative		Chief, Envi MDEQ, Of P.O. Box 22	fice of Pollut	ermits Division ion Control			