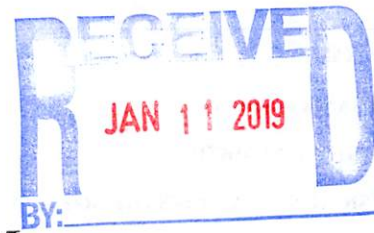


AI #19593



## RE-COVERAGE FORM

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

**GENERAL PERMIT: MSR32 1 4 2 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)

#### APPLICANT INFORMATION

APPLICANT IS THE ☒ OWNER ☒ OPERATOR (Must check one or both)

OPERATOR CONTACT PERSON: BOBBY (ROBERT) ARMSTRONG

OPERATOR COMPANY NAME: A + A EXCAVATING CONTRACTORS INC.

OPERATOR STREET OR P. O. BOX: P.O. BOX 5397

OPERATOR CITY: BRANDON STATE: MS ZIP: 39047

OPERATOR PHONE #: (601) 720-4453 OPERATOR EMAIL: BOBBY1201@ME.COM

OWNER CONTACT PERSON: SAME

OWNER COMPANY: \_\_\_\_\_

OWNER STREET OR P. O. BOX: \_\_\_\_\_

OWNER CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER PHONE #: (\_\_\_\_) \_\_\_\_\_ OWNER EMAIL: \_\_\_\_\_

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: \_\_\_\_\_ YYY-MM-DD

ESTIMATED END DATE: \_\_\_\_\_ YYY-MM-DD

SIC CODE \_\_\_\_\_ NAICS CODE \_\_\_\_\_

**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

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: \_\_\_\_\_ (FT<sup>3</sup>)

# MINE INFORMATION

MINE SITE NAME: BURKS MINE

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

CITY: FLOWOOD COUNTY: HANKIN ZIP: 39232

ATTACH A USGS QUAD MAP, EXTENDING 1/4 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        /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       

## 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

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 WASTEWATER 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:        (FT<sup>3</sup>)

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.

Robert A. Armstrong  
Authorized Signature<sup>1</sup>

1-5-19  
Date

ROBERT A. ARMSTRONG  
Printed Name

PRESIDENT  
Title

<sup>1</sup>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.
- 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



DELBERT HOSEMANN  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 3rd day of June, 1992, the State of Mississippi issued a Charter/ Certificate of Authority to:

**A & A EXCAVATING CONTRACTORS, INC.**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said A & A EXCAVATING CONTRACTORS, INC. is in good standing at this time.

Given under my hand and seal of office  
the 5th day of January, 2019

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN19061232

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>