

AI #67904

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JAN 29 2019

Dept. of Environmental Quality



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# RE-COVERAGE FORM

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

GENERAL PERMIT: MSR32 2 4 8 3. 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	<input type="checkbox"/> OWNER	<input checked="" type="checkbox"/> OPERATOR	(Must check one or both)
OPERATOR CONTACT PERSON:	<u>Scott Dobbs Elaine Dobbs</u>		
OPERATOR COMPANY NAME:	<u>Preston Dobbs Trucking &amp; Gravel Sales LLC</u>		
OPERATOR STREET OR P. O. BOX:	<u>PO Box 9</u>		
OPERATOR CITY:	<u>Hamilton</u>	STATE: <u>MS</u>	ZIP: <u>39746</u>
OPERATOR PHONE #:	<u>(662) 436-2600</u>	OPERATOR EMAIL: _____	
	<u>662-343-5150</u>		
OWNER CONTACT PERSON:	<u>Martha Elaine Dobbs</u>		
OWNER COMPANY:	<u>Preston Dobbs Trucking &amp; Gravel Sales LLC</u>		
OWNER STREET OR P. O. BOX:	<u>PO Box 9</u>		
OWNER CITY:	<u>Hamilton</u>	STATE: <u>MS</u>	ZIP: <u>39746</u>
OWNER PHONE #:	<u>(662) 343-5150</u>	OWNER EMAIL: _____	

CONFIDENTIAL

TO: [illegible] FROM: [illegible] SUBJECT: [illegible]

THIS DOCUMENT CONTAINS INFORMATION OF A CONFIDENTIAL NATURE AND IS TO BE KEPT SECRET. IT IS TO BE HANDLED AND TRANSMITTED IN ACCORDANCE WITH THE POLICIES AND PROCEDURES OF THE NATIONAL SECURITY AGENCY.

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# MINE INFORMATION

MINE SITE NAME: Preston Dobbs Trucking & Gravel Sales LLC

CONTACT NAME & POSITION: Spot Dobbs Operator

CONTACT PHONE NUMBER: 662 436-2600

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

STREET: Hwy 45

CITY: Ham: Haw COUNTY: Monroe ZIP: 39746

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).

SW 1/4 OF SE 1/2 OF SECTION 9, TOWNSHIP 16, RANGE 18 W.

LATITUDE: \_\_\_ DEGREES \_\_\_ MINUTES \_\_\_ SECONDS LONGITUDE: \_\_\_ DEGREES \_\_\_ MINUTES \_\_\_ SECONDS

LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): 33.40' 59.84" W 88 25' 32.15"

TOTAL ACREAGE: 6.18 MATERIAL TO BE MINED: Subs. Gravel

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>)

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THE NATIONAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR, FBI  
SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

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

☐ YES

☐ NO

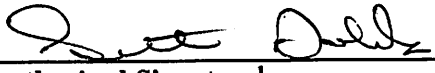
PERMIT NO. MS \_\_\_\_\_

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 Signature<sup>1</sup>

10-23-18  
Date

Scott Dobbs  
Printed Name

Operator  
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

**F0100**

**2017242652**

**Fee: \$ 50**



DELBERT HOSEMANN  
*Secretary of State*

Business ID: 1128993  
Filed: 09/28/2017 01:19 PM  
C. Delbert Hosemann, Jr.  
Secretary of State

P.O. BOX 136  
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

## Mississippi Limited Liability Company Certificate of Formation

### Business Information

**Business Type:** Limited Liability Company

**Business Name:** Preston Dobbs Trucking and Gravel Sales LLC

**Business Email:** dobbspreston@gmail.com

**Future Effective Date:** 09/28/2017

### NAICS Code/Nature of Business

423320 - Brick, Stone, and Related Construction Material Merchant Wholesalers

484220 - Specialized Freight (except Used Goods) Trucking, Local

484230 - Specialized Freight (except Used Goods) Trucking, Long-Distance

### Registered Agent

**Name:** Martha Elaine Dobbs

**Address:** 40091 Hamilton Road  
Hamilton, MS 39746

### Signature

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **09/28/2017**.

**Name:**  
Martha Elaine Dobbs  
*Manager*

**Address:**  
40091 Hamilton Road  
Hamilton, MS 39746