

AI# 36419



RECEIVED
JUL 25 2019
Dept. of Environmental Quality

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1 8 1 6. 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 checked="" type="checkbox"/> OWNER	<input type="checkbox"/> OPERATOR	(Must check one or both)
OPERATOR CONTACT PERSON:	Christian McQueen		
OPERATOR COMPANY NAME:	River Road Sand & Gravel		
OPERATOR STREET OR P. O. BOX:	406 Hemphill Street		
OPERATOR CITY:	Hattiesburg	STATE:	MS ZIP: 39401
OPERATOR PHONE #:	(601) 582-7662	OPERATOR EMAIL:	christianmcqueen@aol.com
OWNER CONTACT PERSON:	Christian McQueen		
OWNER COMPANY:			
OWNER STREET OR P. O. BOX:	80 Ramsey McQueen Road		
OWNER CITY:	Collins	STATE:	MS ZIP: 39428
OWNER PHONE #:	(601) 765-6561	OWNER EMAIL:	christianmcqueen@aol.com

JS

10-1-82



RE-COVERED FORM

MINING SYSTEMS/ALTERNATE AND SUBSIDIARY CHARTER FORM

SECTION 1: PRIVATE PROPERTY. This form is to be completed by the owner of the property. The information provided on this form will be used to determine if the property is eligible for the program. The information provided on this form will be used to determine if the property is eligible for the program.

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☐ Section 2: Information System. This form is to be completed by the owner of the property. The information provided on this form will be used to determine if the property is eligible for the program. The information provided on this form will be used to determine if the property is eligible for the program.

The appropriate section of this form must be completed. If the appropriate section is not completed, the property will not be eligible for the program. The information provided on this form will be used to determine if the property is eligible for the program.

If the property is not eligible for the program, the owner will receive a letter from the program. The information provided on this form will be used to determine if the property is eligible for the program. The information provided on this form will be used to determine if the property is eligible for the program.

ALL INFORMATION ON THIS FORM IS TO BE USED TO DETERMINE IF THE PROPERTY IS ELIGIBLE FOR THE PROGRAM.

FOR THE PROGRAM

☐ Section 3: Information System. This form is to be completed by the owner of the property. The information provided on this form will be used to determine if the property is eligible for the program. The information provided on this form will be used to determine if the property is eligible for the program.

NAME: John Doe ADDRESS: 123 Main St, Anytown, CA 90210 PHONE: 555-1234

OFFICIAL: John Doe ADDRESS: 123 Main St, Anytown, CA 90210 PHONE: 555-1234

NAME: John Doe ADDRESS: 123 Main St, Anytown, CA 90210 PHONE: 555-1234

10-1-82

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IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

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

☐ YES

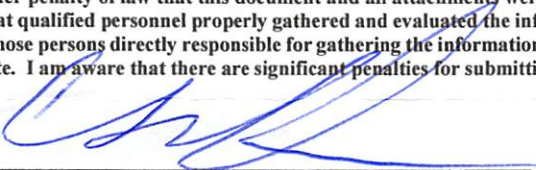
☐ NO

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.



7/23/2019

Authorized Signature¹

Date

Christian McQueen

Owner

Printed Name

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