AI#69063 Gnp 20200001





Coverage No. MSR32 25 1 3 County Mon RO€

## INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans "footprint" of an existing mining activity or modify the existing mining operation. This form must all that apply):	
SWPPP details have been developed and are ready for MDEQ review for subsequent phases mining activity	of an existing, covered
"Footprint" identified in the original MNOI is proposed to be enlarged (a modified SWPPP topographic map must be submitted)	and an updated USGS
Mine dewatering is proposed Mine dewatering has been dis-	continued
Closed loop wash operations are proposed Closed loop wash operations l	nave been discontinued
This form must be signed by the original coverage recipient under Mississippi's Mining General Permit. A different operator must have general permit coverage transferred prior to coverage being modified. Coverage recipients are authorized to discharge storm water associated with proposed expansions of dewater pits or operate a recirculation system with no discharge, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ. If mining activities change which will incorporate a hydraulic dredging operation or a discharge of process wastewaters to State waters additional permitting actions shall be required.	
COVERAGE RECIPIENT INFORMATION	
COVERAGE RECIPIENT CONTACT PERSON: SCOTH DOWS, MAITH	AtlaineDobbs
COMPANY NAME: Preston Dobbs Trucking 2 Gravel Sales LLC	
STREET OR P.O. BOX:	
CITY: 1+ Arm: 1+00 STATE: MS ZIP: 39746	
PHONE NUMBER: 462-343 - 5150 EMAIL ADDRESS:	
PROJECT INFORMATION	
FORMER ACREAGE: 16.1 ADDITIONAL ACREAGE TO BE DISTURBED: 9:  TOTAL ACREAGE: 25.98 MINE NAME: 0105400 COUNTY  GEOLOGY APPLICATION/PERMIT NO. P16-01) CITY: 14 Amilion COUNTY	Spivey Mine
I certify under penalty of law that this document and all attachments were prepared under my direction of with a system designed to assure that qualified personnel properly gathered and evaluated the informatic inquiry of the person or persons who manage the system, or those persons directly responsible for gainformation submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aw penalties for submitting false information, including the possibility of fine and imprisonment for knowing	thering the information, the are that there are significant violations.
Martha Elace Wobly  Signature (must be signed by coverage recipient)  Date	7-2020 Agent James
Martha Elaine Odobs Degisterd	Acout lower
Printed Name  Title	Agen 1000

JAN 2 4 2020

FORM WATER FOLL FROM TRAVERSOND STAND (CW.);
FORMAL DODGE SUPPLY AND LINUXES SUPPLY LEGS, OC. (CW.);
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