



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
APR 19 2023
Dept. of Environmental Quality

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32

MINING GENERAL PERMIT FORMS PACKAGE

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These standard forms are used to apply for permit coverage under the Mining General Permit (MSR32) and for submittals and record keeping after permit coverage has been granted. The forms are in Adobe format on our website at http://www.mdeq.ms.gov/wp-content/uploads/2016/02/Mining_Forms_Package.pdf Required information can be completed on screen, printed and signed.

General Permit MSR32 does not authorize the discharge of mine process generated wastewater or take the place of an Office of Geology Surface Mining Permit.

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AI : 3142

Coverage # :
MSR323015



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

Rec'd via email:
04/19/2023

**MINING NOTICE OF INTENT (MNOI)
FOR COVERAGE UNDER
MINING STORM WATER, DEWATERING AND NO DISCHARGE
GENERAL PERMIT MSR323015
(Number to be assigned by State)**

File at least 30 days prior to the commencement of mining; 15 days if a Storm Water Pollution Prevention Plan (SWPPP) is already on file and mine dewatering is not proposed. Lateral expansion of an existing mine that has general permit coverage requires the submittal of the Major Modification Form, not a new MNOI. However, modification of the existing SWPPP to include the expansion is required. Discharge of storm water or impounded water associated with mining or the operation of a wastewater recirculation system with no discharge without written notification of coverage from MDEQ is a violation of State Law.

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.

Please indicate the activities to be covered by this MNOI (check all that apply).

- ☒ Storm Water Discharges Associated with Mining ☐ Mine Dewatering
☐ Wastewater Recirculation System with No Discharge

The appropriate section of the MNOI must be completed if the applicant proposes to discharge storm water, discharge impounded mine water (dewatering) and/or operate a wastewater recirculation system with no discharge.

A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit and a United States Geological Survey (USGS) quadrangle map or photocopy, indicating the site location and outfalls must be included with the MNOI submittal. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523. Additional submittals may include the following (check all that apply).

- ☐ Section 404 Documentation ☐ Notice of Exempt Operations Form
☐ Dam/Reservoir Safety Permit or Written Authorization

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

O.C

MSR32

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:



OWNER



OPERATOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: DERRICK TRIPLETT
OWNER COMPANY LEGAL NAME: PERK SAND + GRAVEL, LLC.
OWNER STREET OR P. O. BOX: P.O. BOX 753
OWNER CITY: SAUCIER STATE: MS. ZIP: 39574
OWNER PHONE #: (228) 832.8006 OWNER EMAIL: TRIPLETTTRUCKING@BELLSOUTH.NET

OPERATOR CONTACT INFORMATION

OPERATOR CONTACT PERSON: DERRICK TRIPLETT
OPERATOR COMPANY LEGAL NAME: PERK SAND + GRAVEL, LLC.
OPERATOR STREET OR P. O. BOX: P.O. BOX 753
OPERATOR CITY: SAUCIER STATE: MS. ZIP: 39574
OPERATOR PHONE #: (228) 832.8006 OPERATOR EMAIL: TRIPLETTTRUCKING@BELLSOUTH.NET

MINE INFORMATION

MINE NAME: PERK SAND + GRAVEL
MINE SITE ADDRESS (If the physical address is not available, please indicate nearest named road.)
Street: 441 SUNFLOWER ROAD
City: PERKINSTON State: MS County: STONE Zip: 39573
NW 1/4 OF NW 1/4 OF SECTION 33, TOWNSHIP 3S, RANGE 11W
MINE SITE TRIBAL LAND ID (N/A If not applicable): N/A
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: 30 degrees 44 minutes 53.6 seconds LONGITUDE: 89 degrees 06 minutes 15.6 seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Entrance Gate) or Map Interpolation): GOOGLE EARTH
TOTAL ACREAGE: 44.21.35 MATERIAL TO BE MINED: CLAY GRAVEL
WILL HYDRAULIC DREDGING BE USED? ☐ YES ☒ NO
WASHING OF SAND/GRAVEL? ☐ YES ☒ NO

ESTIMATED START DATE: 2023-03-15
YYYY-MM-DD
SIC CODE 1442

ESTIMATED END DATE: 2028-03-15
YYYY-MM-DD
NAICS CODE 212321

RECEIVING STREAM INFORMATION

NEAREST NAMED RECEIVING STREAM: _____

IS RECEIVING STREAM ON MISSISSIPPI'S 303(D) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found of MDEQ's website: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section) ☐ YES ☒ NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ☒ NO

COMPLETE IF STORM WATER DISCHARGE IS PROPOSED

ATTACH A STORM WATER POLLUTION PREVENTION PLAN (SEE PERMIT FOR REQUIREMENTS)

IDENTIFY THE ASSOCIATION OR GENERIC SWPPP ON FILE AT MDEQ: _____

COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE IS PROPOSED

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(S): _____ (FT³)

COMPLETE IF MINE DEWATERING IS PROPOSED

ESTIMATED DEWATERING VOLUME: _____ (GAL/DAY)

NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs), IF
DIFFERENT FROM SIGNATORY: _____

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Coverage under this general permit will not be granted until all other required MDEQ permits and approvals are addressed.

WILL THE CONSTRUCTION OR OPERATION OF THIS MINE INVOLVE THE RE-ROUTING, FILLING OR CROSSING OF A WATER CONVEYANCE OF ANY KIND? ☐ YES ☒ NO

If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements. If the mine requires a Corps of Engineers Section 404 permit, provide appropriate documentation with this MNOI that:

- The mine has been approved by individual permit, or
- The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or
- The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required.

LIST ANY NPDES PERMIT NO(s). _____ GEOLOGY APPLICATION/PERMIT NO. _____

LIST OTHER GEOLOGY PERMIT NUMBERS THAT APPLY TO COVERAGE AREA _____

IS THE MINE LESS THAN 4 ACRES AND GREATER THAN 1320 FEET FROM ANOTHER MINE?

- ☐ YES A "Notice of Exempt Operations" Form must be included with the MNOI or proof of prior submission, if previously submitted to the Office of Geology.
- ☒ NO A "Notice of Intent to Mine Class I or Class II Materials" Form must be filed before coverage will be granted under the Mining General Permit. For information on Office of Geology requirements, call 601-961-5515.

LIST ANY LOCAL STORM WATER ORDINANCES WITH WHICH THE OPERATIONS MUST COMPLY AND SUBMIT ANY

ASSOCIATED APPROVAL DOCUMENTATION. NONE

IF IMPOUNDMENTS WILL BE CONSTRUCTED ABOVE NATURAL SURFACE ELEVATIONS, INDICATE WHICH, IF ANY, OF THE FOLLOWING APPLY. NONE

- ☐ The impoundment will be constructed with a peripheral dam or levee 8 feet or greater in height, measured from the lowest elevation of its toe.
- ☐ The impoundment will have a maximum storage volume greater than 25 acre-feet.
- ☐ The impoundment will impound a watercourse with a continuous flow.
- ☐ The impoundment has the potential to threaten downstream lives or man-made structures.

If any of the impoundments meet any of the above criteria, the applicant will be required to obtain written authorization from MDEQ, Dam Safety Division before coverage will be granted under the Mining General Permit.

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.

[Signature]
Authorized Signature¹

2-23-23
Date

Derrick Triplett
Printed Name

owner
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

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COVERAGE NUMBER (MSR32 _____) INSPECTION YEAR _____
SITE INSPECTION REPORT AND CERTIFICATION FORM
MINING GENERAL PERMIT



Results of the inspection by ACT7 of this permit shall be recorded on this report form and in addition, copies of all completed forms shall be retained onsite or locally available. Inspections must be performed monthly and after a 2-year, 24-hour storm event (approx. 6-inches on Gulf Coast to 4-inches at MS/TN State Line). The coverage number must be listed at the top of all Site Inspection Report and Certification Forms.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: _____	MINE NAME: _____
MINE LOCATION: _____	GEOLOGY APPLICATION/PERMIT NO. _____
NEAREST PROJECT CITY: _____	COUNTY: _____
MAILING ADDRESS: _____	
MAILING CITY: _____	STATE: _____ ZIP: _____
CONTACT PERSON: _____	CONTACT PHONE NUMBER: _____

INSPECTION DOCUMENTATION

DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	AFTER 2-YEAR, 24- HOUR STORM EVENT? (CHECK IF YES)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): _____

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): _____

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the MNOI and SWPPP information on file with MDEQ is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 fines and imprisonment for knowing violations.

Authorized Signature _____

Date _____

Printed Name _____

Title _____

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**MAJOR MODIFICATION FORM
FOR MINING GENERAL PERMIT**
Coverage No. MSR32 _____ County _____



INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the acreage or "footprint" of an existing mining activity or modify the existing mining operation. This form must be submitted when (check all that apply):

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered mining activity | |
| <input type="checkbox"/> "Footprint" identified in the original MNOI is proposed to be enlarged (a modified SWPPP and an updated USGS topographic map must be submitted) | |
| <input type="checkbox"/> Mine dewatering is proposed | <input type="checkbox"/> Mine dewatering has been discontinued |
| <input type="checkbox"/> Closed loop wash operations are proposed | <input type="checkbox"/> Closed loop wash operations have 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: _____
COMPANY NAME: _____
STREET OR P.O. BOX: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER : _____ EMAIL ADDRESS: _____

PROJECT INFORMATION

FORMER ACREAGE: _____ ADDITIONAL ACREAGE TO BE DISTURBED: _____
TOTAL ACREAGE: _____ MINE NAME: _____
GEOLOGY APPLICATION/PERMIT NO. _____ CITY: _____ COUNTY: _____

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.

Signature (must be signed by coverage recipient)

Date

Printed Name

Title

Please submit this form to:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

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Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I. Facility Name: _____ Location: (Do Not Use P.O. Box) Street: _____ City: _____ State: <u>MS</u> Zip: _____ County: _____ Telephone: _____	Item II. Responsible official after transfer or name change: Name: _____ Title: _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: _____
Item III. Previous Permittee ¹ : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: _____	Item IV. New Permittee ¹ : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: _____
Item V. Industrial Activity SIC Code: _____ Brief Description: _____	Item VI. Will Facility Operations Change? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, the appropriate applications and permits may require modification prior to change.
Item VII. Will Facility Name Change? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Provide New Name for Permit Coverage. New Name: _____	Item VIII. Signature for Name Change Print Name: _____ Authorized Signature ² : _____ Title: _____ Date: _____
Item IX. We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form. From: _____ To: _____ Acquisition Date: _____	
By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.	
_____ Print New Permittee ¹ Name	_____ Print Previous Permittee ¹ Name
_____ New Authorized Signature ²	_____ Previous Authorized Signature ²
_____ Title	_____ Title
_____ Date	_____ Date

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

Item X. Storm Water

(Check One)

- ☐ A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.
- ☐ The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.
- ☐ The recipient is submitting a new SWPPP, which is attached to this form.
- ☐ A copy of the SWPPP cannot be obtained from the original owner.

Item XI. Hazardous Waste ID Number

EPA ID No. _____

(Check One)

- ☐ An EPA Hazardous Waste ID Number is not required for the site.
- ☐ The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.

Item XII. Permit(s) and/or Coverage(s) to be Transferred

Permit Type: _____

Permit/Coverage No.: _____

Permit Issuance Date: _____

Date of General Permit Coverage: _____

Permit Expiration Date: _____

Permit Type: _____

Permit/Coverage No.: _____

Permit Issuance Date: _____

Date of General Permit Coverage: _____

Permit Expiration Date: _____

Permit Type: _____

Permit/Coverage No.: _____

Permit Issuance Date: _____

Date of General Permit Coverage: _____

Permit Expiration Date: _____

Permit Type: _____

Permit/Coverage No.: _____

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Permit Expiration Date: _____

Permit Type: _____

Permit/Coverage No.: _____

Permit Issuance Date: _____

Date of General Permit Coverage: _____

Permit Expiration Date: _____

Permit Type: _____

Permit/Coverage No.: _____

Permit Issuance Date: _____

Date of General Permit Coverage: _____

Permit Expiration Date: _____

OTHER INFORMATION:

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Request for Termination (RFT) of Coverage



Mining General NPDES Permit No. MSR32 _____ County _____
(Fill in your Certificate of Coverage Number and County)

Use this form to request coverage termination only after mining activities have permanently stopped and permanent erosion and sediment controls are successfully established. Inspections must continue until the coverage recipient receives written notice of coverage termination by MDEQ.

Please check which of the following apply:

- ☐ Non-Exempt Mining Operation (copy of Permit Board Order, authorizing 90% or final release of mining performance bond attached)
- ☐ Exempt Mining Operation (as defined in MDEQ's Mississippi Surface Mining and Reclamation Rules and Regulations)

(Please Print or Type)

Facility Name: _____ Closure Date: _____

Physical Site Street Address (if not available, indicate nearest named road): _____

City: _____ County: _____

Landowner Company Name: _____

Landowner Company Contact Name and Position: _____

Street Address / P.O. Box: _____

City: _____ State: _____ Zip: _____

Tel. # (_____) _____

Operator Company Name (if different than owner): _____

Operator Contact Name and Position: _____

Street/ Address / P.O. Box: _____

City: _____ State: _____ Zip: _____

Tel. # (_____) _____

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 fines and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with industrial activity under this general permit. Discharging pollutants in storm water associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print) _____ Telephone _____ Signature _____ Date Signed _____

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 principal executive officer, mayor, or ranking elected official.

After signing please mail to: Environmental Permits Division, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

Revision: 2/16/2018

Narrative of Storm Water Prevention Plan for Perk Sand and Gravel New Pit

Project Description

This site will be mined in multiple phases. The total area to be mined is approximately acres. The construction entrance is already in place serving the existing pits. Storm water will naturally drain or be directed to the new detention pond by diversion ditches. A security for reclamation will be posted. Each phase will be grassed and planted when done. The pond will remain permanently.

Adjacent Property

The adjacent properties consist of existing permitted areas , timberlands and vacant woods and fields.

Planned Erosion, Sediment, and Storm water Control Practices

1. **Silt Fence** - Place silt fence at the bottom of any slope steeper than 5:1 and around the perimeter of the site. Replace at 50% capacity before overtopping occurs.
2. **Permanent Seeding** - Establish a permanent grass in all disturbed areas after each phase. These areas may be seeded or sodded. Cover cannot be certified until after a minimum of 6 weeks of establishment and at least 1/2" of rainfall has occurred.
3. **Straw bales** - Placed with the silt fence around pipe culverts for added protection.
4. **Special Provision** - All Vegetative practices must be initiated whenever any clearing, grading, excavating or other land disturbing activities have temporarily or permanently ceased on any portion of the site and will not resume for a period of (14) days or more. The appropriate temporary or permanent vegetative practices shall be implemented within (7) calendar days.
5. **Debris barriers** – Where woody debris is available and to be cleared, a wind-row of vegetated barrier will be form along outside perimeter.

Good Housekeeping Practices

1. Vehicles entering the roadway shall be washed down (if muddy) prior to entering the roadway. The vehicle will past over a limestone (10 lbs riprap) bed and be washed down of the major portion of mud. The washdown is through a depression basin lined with rock and fabric below rock to hold water.
2. Equipment maintenance and repairs shall only be performed on upland areas with a 12" dirt berm installed around the perimeter of the work area. Proper chemicals shall be on hand to be placed on fluid spills in accordance with manufacturers recommendations. All contaminated soil shall be loaded and properly disposed of in a certified landfill accepting hazardous material. The closes are Pine Belt and Jackson County.
3. Waste receptacles shall be placed where the work is being performed and shall move with the work. The contractor shall not let a full container stand for more than 48 hours before changing out or 7 days, whichever comes first.
4. Pota-lets shall be made available and used.

Construction Sequence

1. Complete all permits and approvals.
2. Complete site clearing and grass disturbed areas.
3. Construct Phase one then other phases as appropriate.
4. Make sure all temporary controls are in-place immediately following site clearing.
5. Topsoil all disturbed areas and establish permanent grass.
6. Remove all temporary controls and implement all permanent sedimentation controls (ditches and detention pond).
7. Weekly inspection reports should be made and submitted at the end of the project by the responsible party, if required to do so.
8. All erosion controls and outfalls/discharge points will be inspected a minimum of Once per month and after any 2 yr, 24-hr storm event.

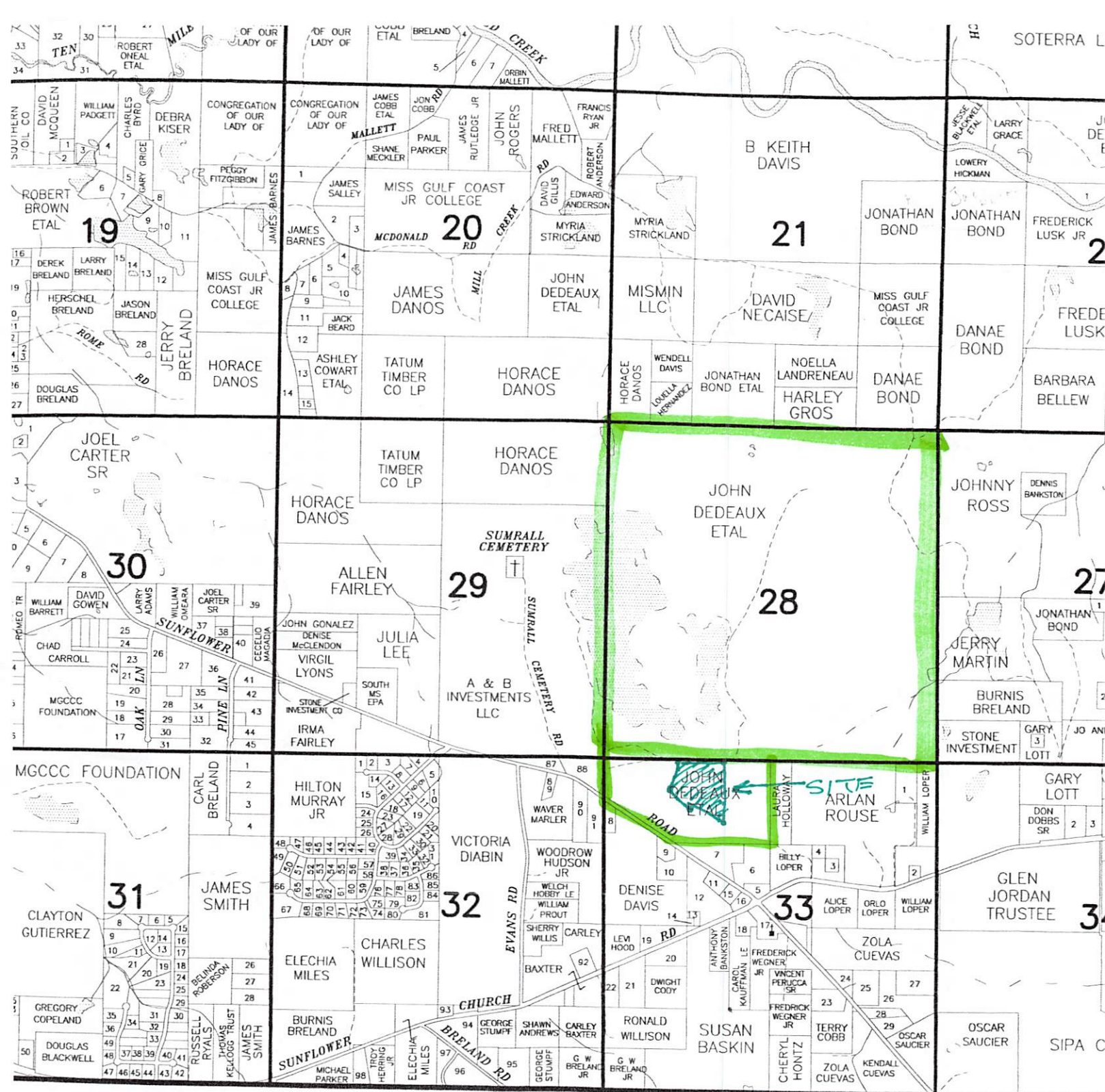
Short Term Maintenance Plan

1. Check all controls after all rainfall events and at least once a week.
2. Repair controls as soon as possible after discovered.
3. Clean out sedimentation from the silt fence or check dams when 50% capacity has been reached.
4. Re-fertilize and reseed all exposed areas as needed.

5. The sediment pond must be cleaned out when the capacity falls to 50% or 1,800 cu.ft. per acre drained.

Long Term Maintenance Plan

1. Maintain or restore all vegetated areas to provide good ground cover.
2. The Owner will inspect the site periodically to check for maintenance issues.
3. During the construction phase, the operator shall be the responsible party to make sure this plan is executed correctly.
4. Should the owner lease, sub-lease or sell all or a portion of the property, the owner shall assign responsibility to the new party in written form. A copy of said form shall be sent to the Office of Pollution Control for concurrence.
5. The sediment pond must be cleaned out when the capacity falls to 50% or 1,800 cu.ft per acre drained.



(T4S, R11W - SEE SHEET 13)

OR ALTERATION IN WHOLE OR PART WITHOUT WRITTEN
OF TAB MAP COMPANY IS PROHIBITED.

COPYRIGHT: SEPTEMBER 2015

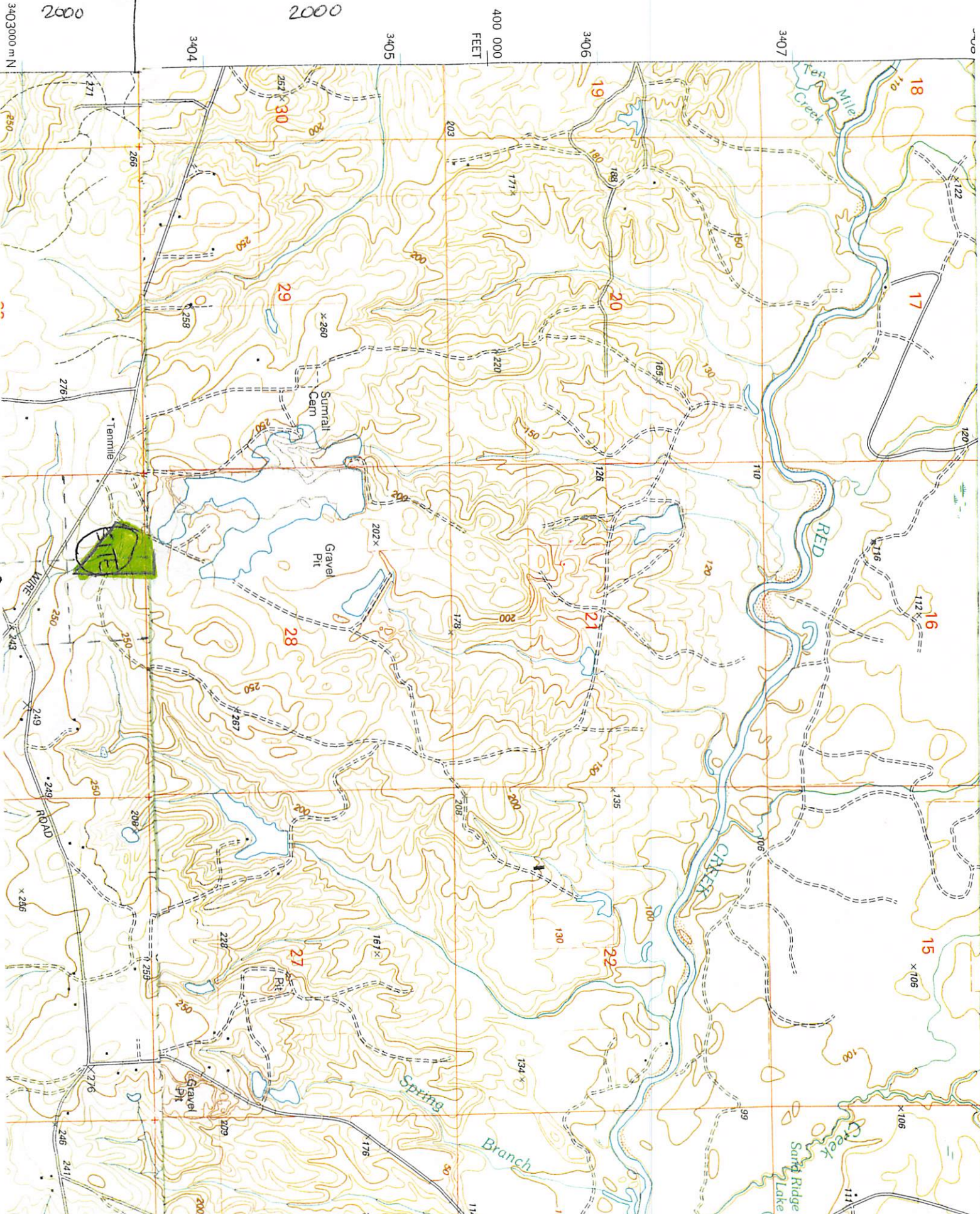
AIRY MS

2000

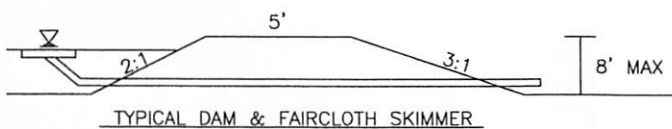
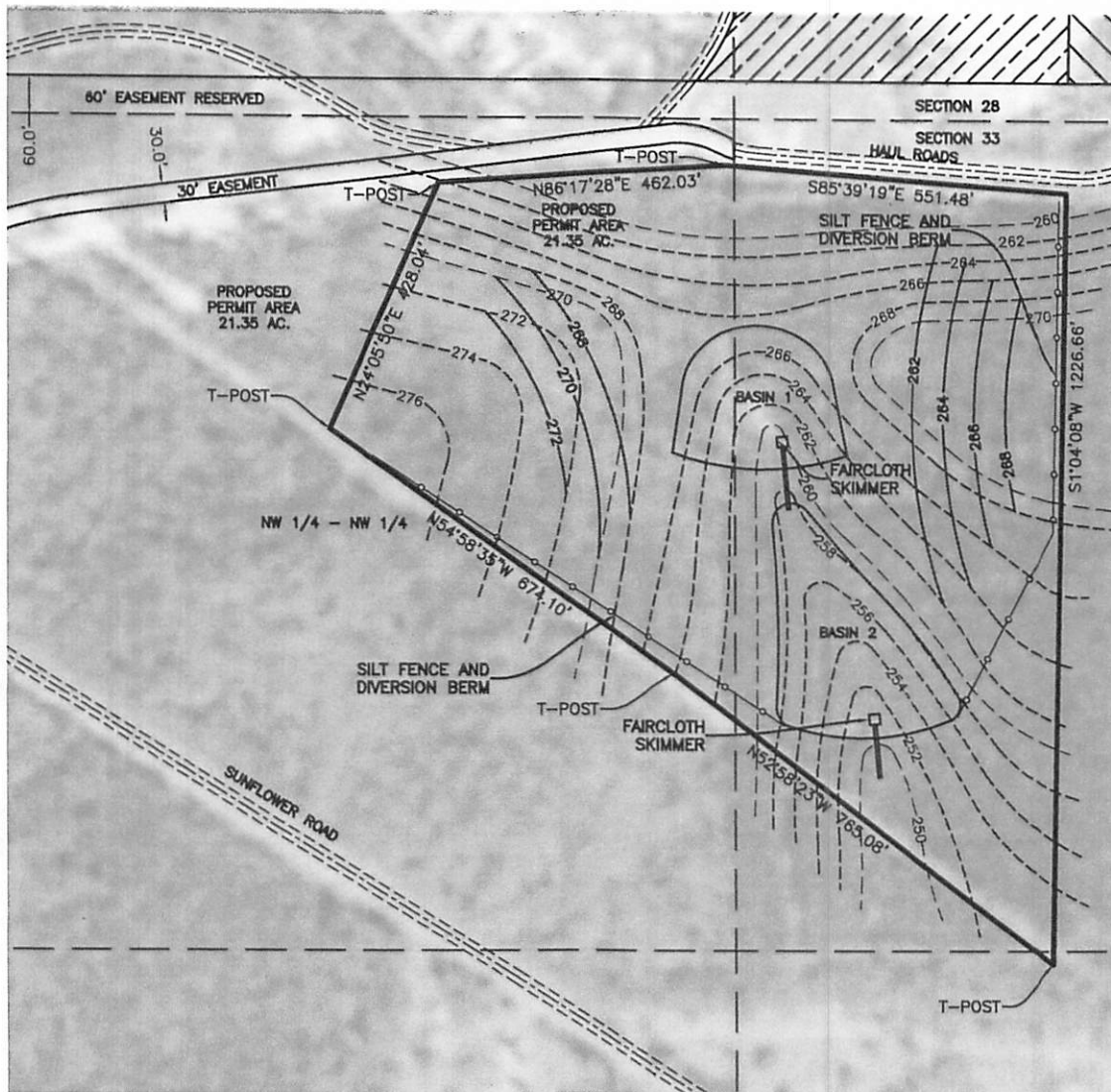
WHITE'S CROSSING 7.5M QUAD

2000

MAP #1



GENERAL SITE PLAN FOR
PERK SAND AND GRAVEL
STONE COUNTY, MS.



BASIN 1
TOP OF DAM = 267.00'
BOTTOM = 259.00'
VOLUME = 13.7 AC.-FT.
MAX DAM HEIGHT = 8'

BASIN 2
TOP OF DAM = 260.00'
BOTTOM = 252.00'
VOLUME = 15.1 AC.-FT.
MAX DAM HEIGHT = 8'

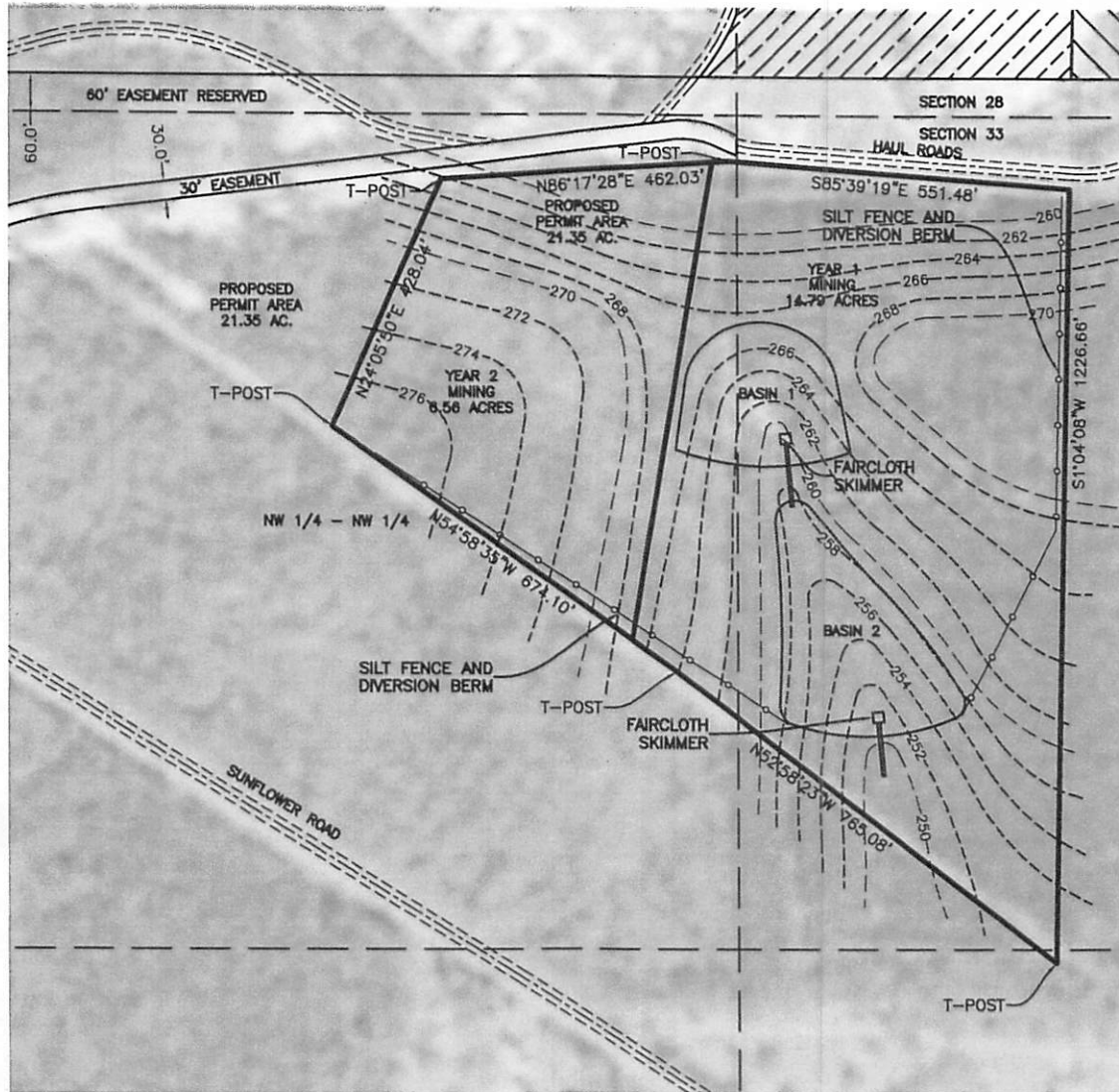
PROJECT NO. 22203	SCALE
CHECKED BY:	200 0 200 400
FILE NAME: 22203_PERK SAND	
DRAWN BY: H. DICKENS	

DRAWN:
03/2023

O'NEAL-BOND ENGINEERING, INC.
P.O. BOX 369 WIGGINS MS. 39577
EMAIL: jon@onealbondeng.com

TELEPHONE
(601) 928-7390
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YEARLY MINING PLAN FOR
PERK SAND AND GRAVEL
 STONE COUNTY, MS.



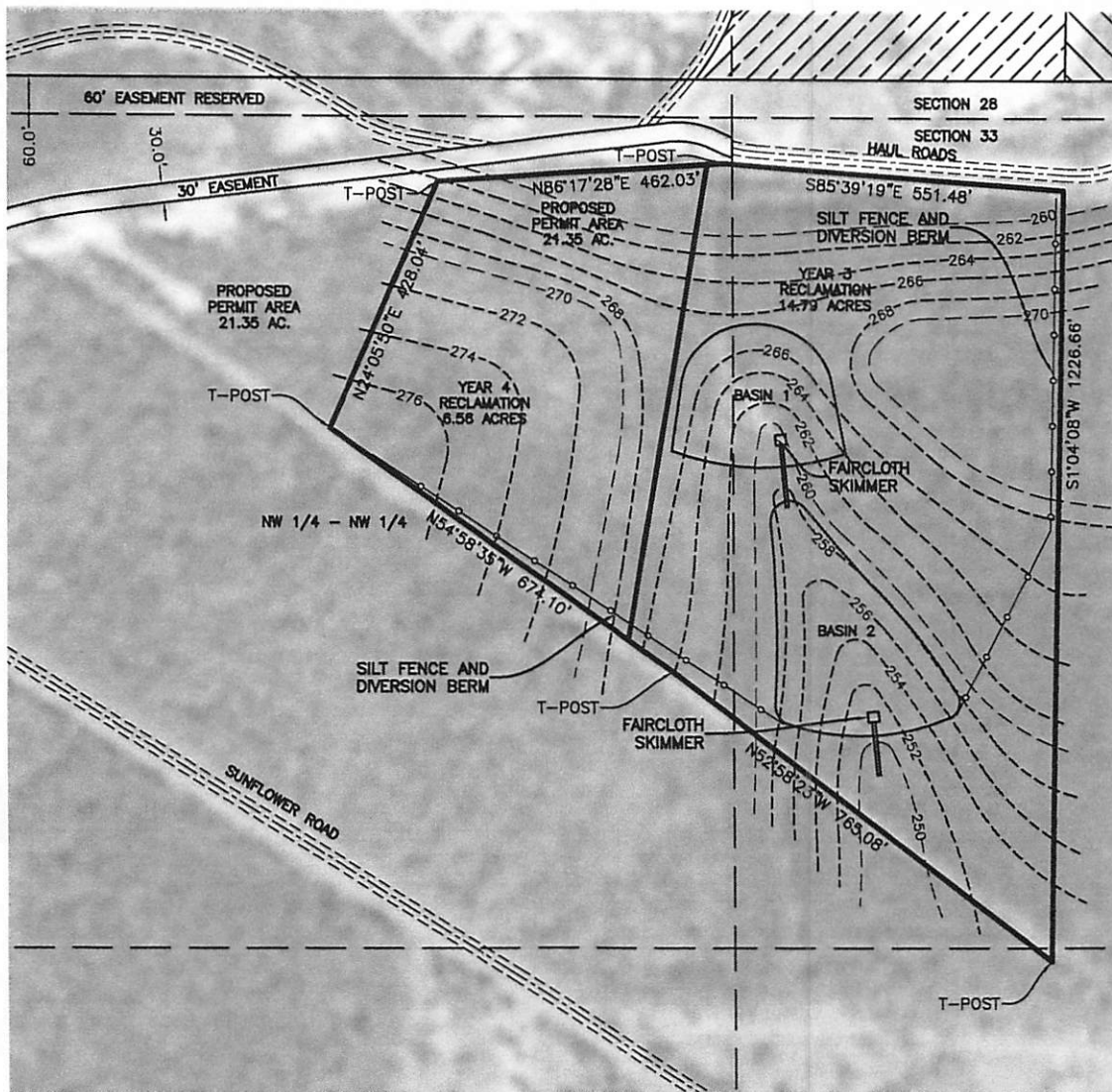
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FILE NAME: 22203_PERK SAND	
DRAWN BY: H. DICKENS	

DRAWN:
 03/2023

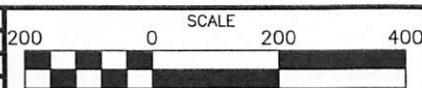
O'NEAL-BOND ENGINEERING, INC.
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YEARLY RECLAMATION PLAN FOR
PERK SAND AND GRAVEL
STONE COUNTY, MS.



PROJECT NO. 22203
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FILE NAME: 22203_PERK SAND
DRAWN BY: H. DICKENS



DRAWN:
03/2023

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BOUNDARY COORDINATES

	EASTING	NORTHING
A	901039.5450	453341.6820
B	899876.7100	454189.2820
C	900051.4710	454580.0180
D	900512.5320	454609.9060
E	901062.4263	454568.1288

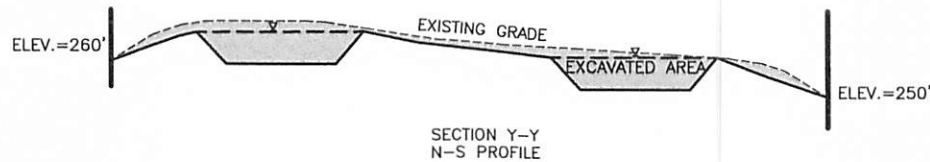
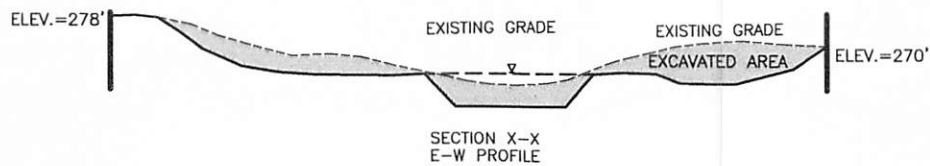
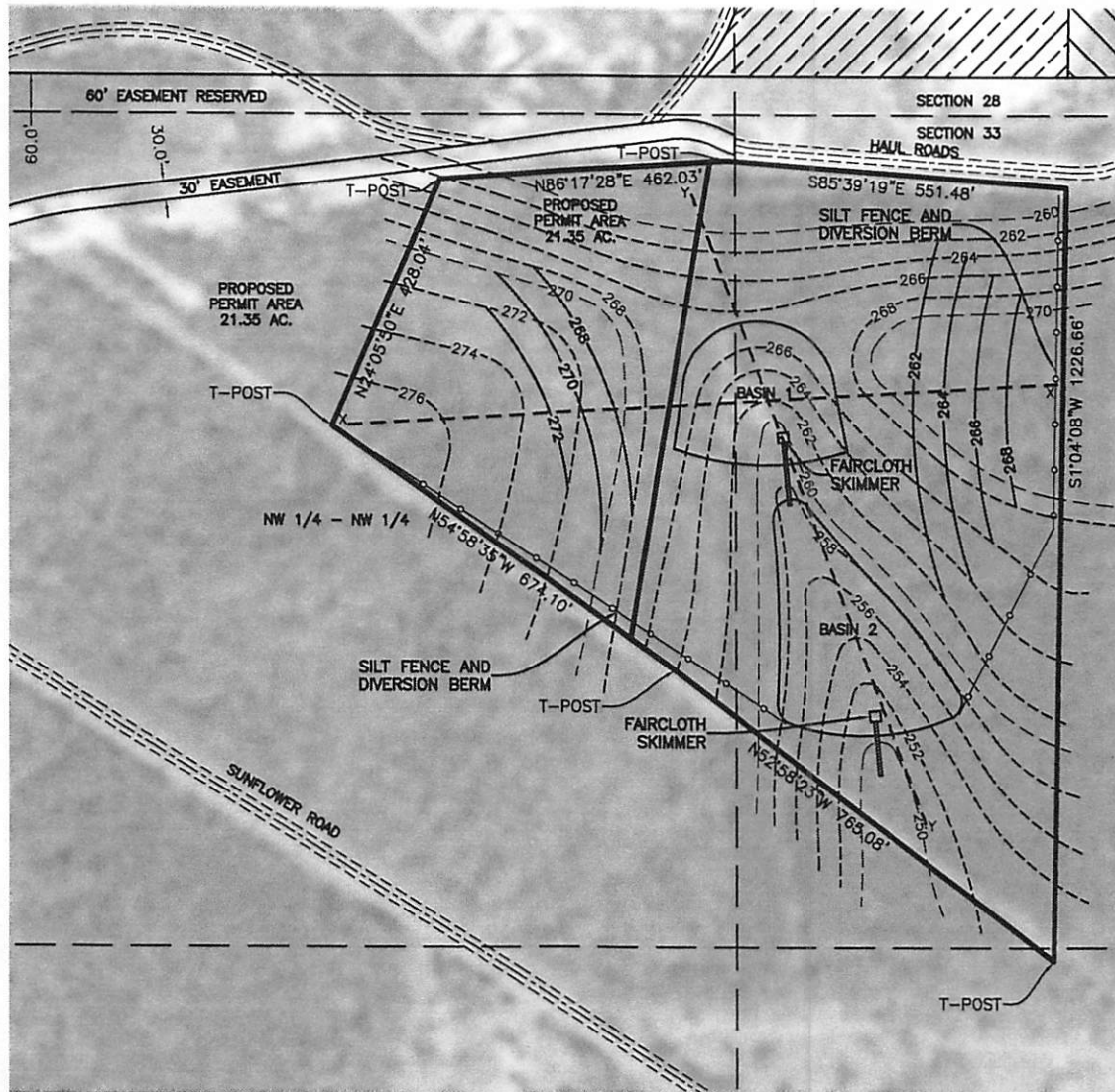
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FILE NAME: 22203_PERK SAND	
DRAWN BY: H. DICKENS	

DRAWN:
03/2023

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PRE-MINING / POST MINING FOR
PERK SAND AND GRAVEL
 STONE COUNTY, MS.



PROJECT NO. 22203	
CHECKED BY:	
FILE NAME: 22203_PERK SAND	
DRAWN BY: H. DICKENS	

DRAWN:
 03/2023

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DETENTION POND DESIGN CALCULATION

Site Location detention pond - Perk sand and gravel Percent Imperviousness: 5% (I)
 Proposed Runoff "C" Value 0.24
 Maximum Allowable Outflow (CFS) 2.70 (G)
 Cont. Drainage Area (Acres) 18.00 (J) Storm Recurrence Interval (Yrs) 25

A	B	C	D	E	F	G	H
Duration (Minutes)	Duration (Hours)	25-Year Total Rainfall (Inches)	25-Year Rainfall Intensity (Inch/Hr)	Proposed Runoff Flow Rate (CFS)	Proposed Runoff Volume (CFT)	Maximum Allowable Outflow (CFS)	Required Detention Storage (CFT)
5	0.08	0.49	5.88	24.87	7,462	2.70	6,652
10	0.17	0.86	5.16	21.83	13,096	2.70	11,476
15	0.25	1.10	4.40	18.61	16,751	2.70	14,321
20	0.33	1.24	3.72	15.74	18,883	2.70	15,643
30	0.50	1.51	3.02	12.77	22,994	2.70	18,134
40	0.67	1.65	2.48	10.47	25,126	2.70	18,646
50	0.83	1.79	2.15	9.09	27,258	2.70	19,158
60	1.00	1.92	1.92	8.12	29,238	2.70	19,518
90	1.50	2.15	1.43	6.06	32,740	2.70	18,160
120	2.00	2.37	1.19	5.01	36,090	2.70	16,650
180	3.00	2.62	0.87	3.69	39,897	2.70	10,737
360	6.00	3.07	0.51	2.16	46,750	2.70	-11,570
720	12.00	3.56	0.30	1.25	54,212	2.70	-62,428
1080	18.00	3.84	0.21	0.90	58,476	2.70	-116,484
1440	24.00	4.09	0.17	0.72	62,283	2.70	-170,997

Maximum: 19,518

RETENTION POND DESIGN CALCULATION

Retain the 100-Year 24 Hour Design Storm from the Entire Contributing Area (5.5 Inches of Rainfall)

~~84,452 CFT~~

- Duration of the storm event in minutes.
- Duration of the storm event in hours.
- Total amount of rainfall during a 25-year recurrence storm event for the given duration in Column A & B (ref.: midwestern climatological center rainfall Atlas-Bulletin 71).
- Average rainfall intensity during the 25-year recurrence storm event. Calculated by dividing Column C by Column B.
- The unrestricted 25-year recurrence discharge flow rate from the proposed site under fully developed conditions. Calculated by multiplying Intensity (D) and Drainage Area (L).
- The unrestricted storm event for the given duration in Column A and B. Calculated by multiplying the Proposed Runoff Flow Rate (E) by the Storm Duration (A) and by 60 seconds/minute.
- The maximum allowable discharge from the site is determined by multiplying the drainage area by 0.15 CFS per acre or if the proposed outlet is restrictive by determining the sites share of the existing outlets capacity on a contributing area basis.
- The required retention storage is determined by multiplying the differentiation flow rate (Inflow (E) - Outflow (G), by the corresponding duration (A) and by 60 seconds/minute. The amount of storage required for various storm durations will vary based on rainfall intensity, the size of the drainage area, and the allowable discharge. The maximum volume of storage for the various storm durations will be the required detention storage volume.
- Proposed percent imperviousness. This assumption will be used to determine the proposed runoff coefficient. Impervious surface will be assumed to have a value of 0.9 and pervious a value of 0.2
- Contributing Drainage to the proposed detention or retention system.

Calculation By: J. H. K. B.

Date: 4/12/2023

DEFAULT MDEQ
 3,600 CFS x 18 AC.
 = 64,800 cu.ft. (min.)
 Basin #1 = 240,000 cu.ft.
 Basin #2 = 336,000 cu.ft.
 Total = 576,000 cu.ft.
 PLENTY OF STORAGE

 CONTACT



 CONTACT

SKIMMER SIZING

Home / Skimmer Sizing

ONLINE CALCULATORS

CALCULATE FAIRCLOTH SKIMMER® SIZE

Required Basin volume in cubic feet	Days to Drain
64800 (min.)	2
The required basin volume is the actual volume you intend to drain, not the provided or total volume which is often larger. If a pool of water is to be maintained between storms, do not include that volume.	Number of Days to drain is usually determined by local or state regulations. Where there is no requirement 3 days is recommended. Keep in mind the quicker the basin is to drain the larger the skimmer required. In NC, assume 3 days to drain.

SKIMMER SIZE

5.0 inches ✓

ORIFICE RADIUS

FLOW CAPACITIES (IN FT³) FOR THE FAIRCLOTH SKIMMER®

Skimmer size	1.5"	2"	2.5"	3"	4"	5"	6"	8"
24 hours	1,728	3,283	6,234	9,774	20,109	32,832	51,840	97,978
2 day	3,456	6,566	12,468	19,548	40,218	65,664	103,680	195,956
3 day	5,184	9,849	18,702	29,322	60,327	98,496	155,520	293,934
4 day	6,912	13,132	24,936	39,096	80,436	131,328	207,360	391,912
5 day	8,640	16,415	31,170	48,870	100,545	164,160	259,200	489,890
6 day	10,368	19,698	37,404	58,644	120,654	196,992	311,040	587,868
7 day	12,096	22,981	43,638	68,418	140,763	229,824	362,880	685,846

TECHNICAL SIZING INSTRUCTIONS

Determining the Skimmer Size and the Required Orifice for the Faircloth Skimmer® Surface Drain (click here to open document)

DETERMINING SKIMMER SIZE

- Eight sizes available, ranging from 1½" for small sediment traps to 8" for very large basins.
- Size refers to the maximum diameter of the inlet. For example, a 4" Faircloth Skimmer® has a 4" maximum orifice size.
- Each Faircloth Skimmer® includes a plug and adjustable cutter for making an orifice (hole) smaller than the inlet to customize the flow rate for the particular basin.

METHOD USED

NOTE: 5" SKIMMER WILL FREE UP THE MINIMUM 65,664 FT³ REQ'D FOR NEXT EVENT. IF NO EVENT, ENTIRE BASIN WILL DRAIN OUT IN 7 DAYS.

[CONTACT](#)

skimmer may be slightly less than calculated, especially when the barrel has a flat or low slope.

Any variation in flow rate is considered insignificant enough to appreciably affect the drain time considering the number of variables involved. Therefore, the theoretical rates are used to simplify the orifice sizing process.

The calculation is rounded to the nearest 10th of an inch because that is as close as the cutter can be adjusted and the orifice cut.



J. W. Faircloth & Son, Inc. is dedicated to promoting environmental responsibility by developing, manufacturing, and distributing Faircloth Skimmer® surface drains for dewatering sediment basins.

[ENGINEERS CLICK HERE](#)

CONTACT INFO

Address:

Post Office Box
789
Hillsborough,
North Carolina
27278

Phone number:

919-732-1244

Fax number:

919-732-1266

**TECHNICAL
DOCUMENTS**

[Installation
Instructions](#)

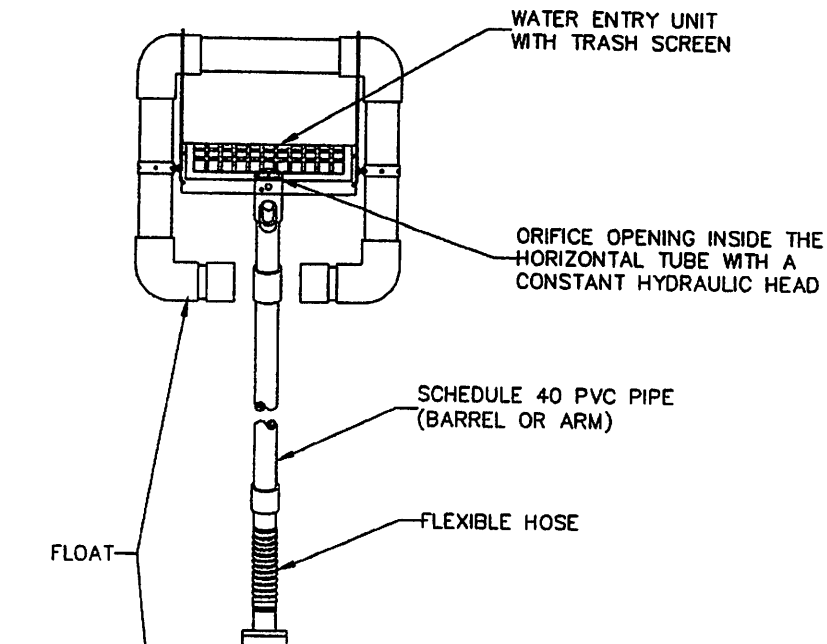
[Manuals](#)

[Cut Sheets](#)

[Drawings](#)

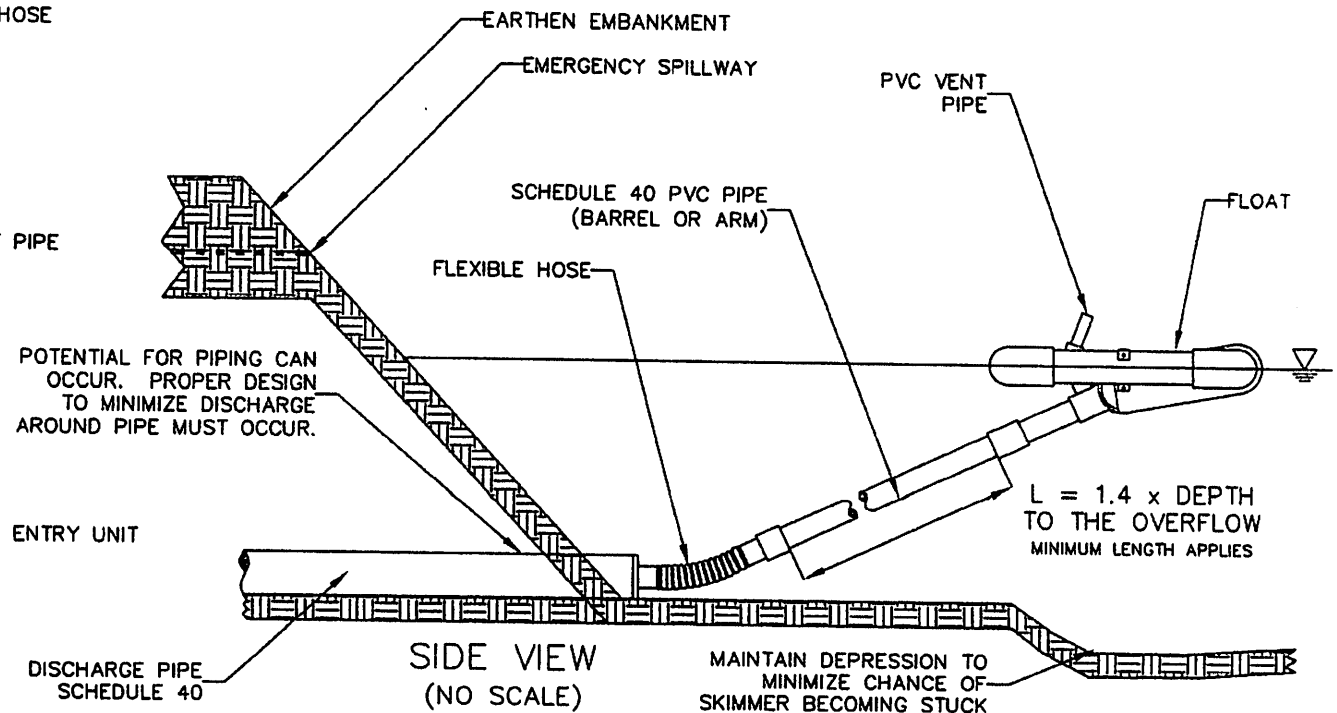
[Certifications
and Approvals](#)

[Frequently
Asked
Questions](#)



GENERAL NOTES:

1. PROPER DESIGN MUST BE COMPLETED TO MINIMIZE PIPING AROUND DISCHARGE PIPE.
2. PROPER ORIFICE OPENING MUST BE SELECTED TO ENSURE POND DRAINS IN CORRECT AMOUNT OF TIME. MODIFICATIONS MAY BE REQUIRED IF FIELD CONDITIONS WARRANT A CHANGE.
3. EMBANKMENT MUST BE COMPACTED TO DESIGN SPECIFICATIONS.
4. EMERGENCY SPILLWAY MUST BE CORRECTLY SIZED AND EROSION PROTECTION INSTALLED.
5. EROSION PROTECTION MUST BE INSTALLED ALONG THE EMBANKMENT AND AT THE DISCHARGE END OF THE PIPE.
6. INSPECT SYSTEM REGULARLY TO ENSURE IT IS FUNCTIONING IN A CORRECT MANNER.
7. EIGHT SIZES OF SKIMMERS ARE AVAILABLE, REFER TO THE FLOW SHEET, CUT SHEET, AND INSTRUCTIONS ON WEB SITE FOR EACH SIZE.



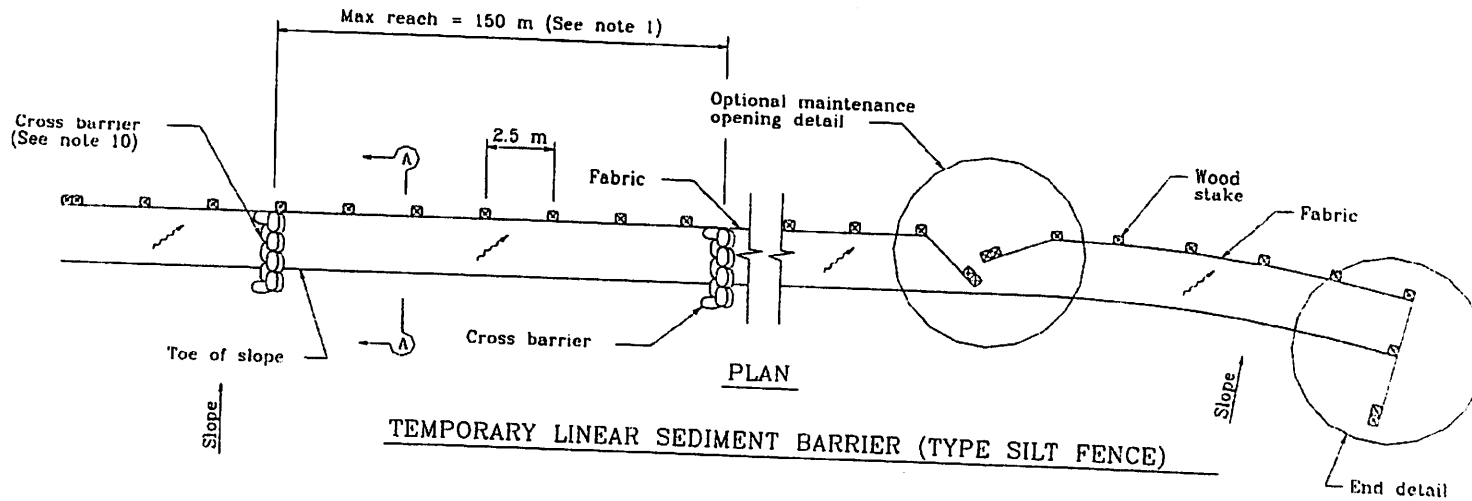
DRAWN BY T. R. EVANS 10/10

FAIRCLOTH SKIMMER® DISCHARGE SYSTEM WITH EMBANKMENT

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 EMAIL: WARREN@FAIRCLOTHSKIMMER.COM

Silt Fence

SC-1

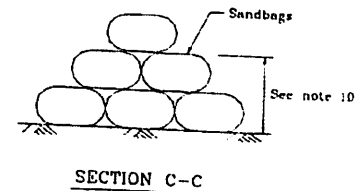
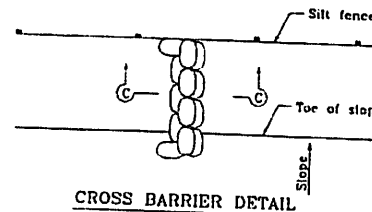


NOTES

- Construct the length of each reach so that the change in base elevation along the reach does not exceed 1/3 the height of the linear barrier, in no case shall the reach length exceed 150m.
- The last 2.5 m of fence shall be turned up slope.
- Stake dimensions are nominal.
- Dimension may vary to fit field condition.
- Stakes shall be spaced at 2.5 m maximum and shall be positioned on downstream side of fence.
- Stakes to overlap and fence fabric to fold around each stake one full turn. Secure fabric to stake with 4 staples.
- Stakes shall be driven tightly together to prevent potential flow-through of sediment at joint. The tops of the stakes shall be secured with wire.
- For end stake, fence fabric shall be folded around two stakes one full turn and secured with 4 staples.
- Minimum 4 staples per stake. Dimensions shown are typical.
- Cross barriers shall be a minimum of 1/3 and a maximum of 1/2 the height of the linear barrier.
- Maintenance openings shall be constructed in a manner to ensure sediment remains behind silt fence.
- Joining sections shall not be placed at sump locations.
- Sandbag rows and layers shall be offset to eliminate gaps.

LEGEND

- Tamped backfill
- Slope direction
- Direction of flow



STATE OF CALIFORNIA
DEPARTMENT OF TRANSPORTATION
TEMPORARY LINEAR SEDIMENT BARRIER
(TYPE SILT FENCE)

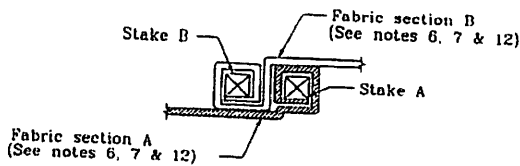
NO SCALE

ALL DIMENSIONS ARE IN
MILLIMETERS UNLESS OTHERWISE SHOWN

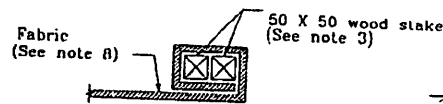


Silt Fence

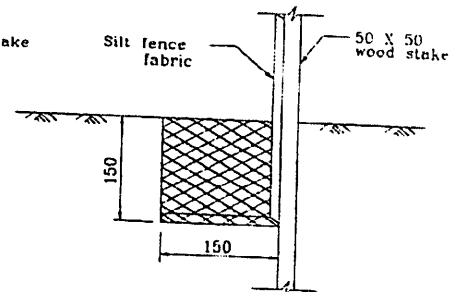
SC-1



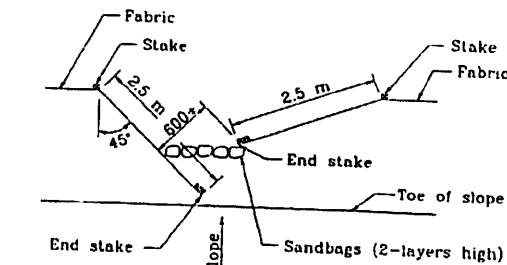
JOINING SECTION DETAIL (TOP VIEW)



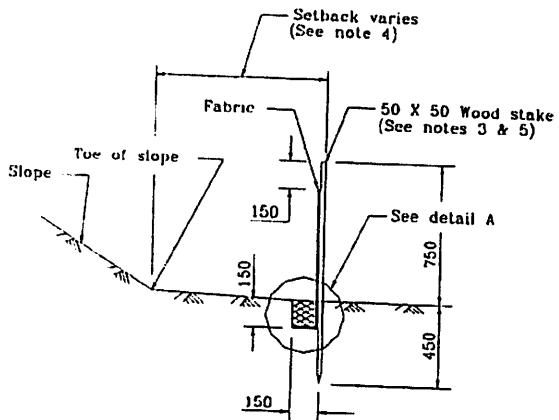
END STAKE DETAIL (TOP VIEW)



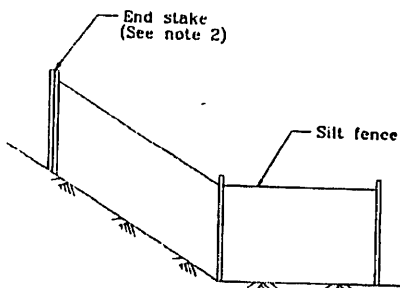
DETAIL A



OPTIONAL MAINTENANCE OPENING DETAIL
(SEE NOTE 11)



SECTION A-A



END DETAIL

