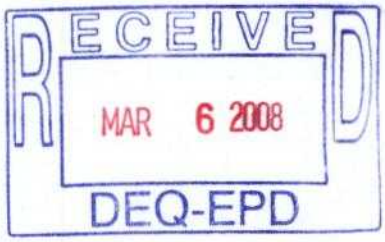
AI#12714





RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 0489. 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).

Facilities that operate wastewater recirculation systems with no discharge under a valid "No Discharge" State Operating Permit can check the appropriate box above to request coverage for these operations under the Mining Storm Water, Dewatering and No Discharge General Permit. MDEQ will then terminate the existing "No Discharge" State Operating Permit and will extend coverage to these operations for an additional five years (until 2012) under the Mining Storm Water, Dewatering and No Discharge General Permit. Facilities discharging mine dewatering under a valid National Pollutant Discharge Elimination System (NPDES) Permit can follow the same procedure to request coverage under the Mining Storm Water, Dewatering and No Discharge General Permit.

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

APPLICANT INFORMATION

APPLICANT IS THE ☒ **OWNER** ☐ **OPERATOR** **(Check one or both)**

OPERATOR CONTACT PERSON: Same

OPERATOR COMPANY NAME:

OPERATOR STREET (P. O. BOX):

OPERATOR CITY: **STATE:** **ZIP:**

OPERATOR TELEPHONE NUMBER (INCLUDE AREA CODE): ( )

OWNER CONTACT PERSON: JOHN SOJOURNER

OWNER COMPANY: KRYSTAL GRAVEL INC.

OWNER STREET (P. O. BOX): 113 Bobo Dr.

OWNER CITY: CRYSTAL SPRINGS **STATE:** MS **ZIP:** 39059

OWNER TELEPHONE NUMBER (INCLUDE AREA CODE): (601) 892-6200

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	☒ YES	☐ NO
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? If no, please attach required SWPPP amendments.	☒ YES	☐ NO

COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE COVERAGE IS REQUESTED

IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT? ☐ YES ☐ NO

PERMIT NO. MSU __ __ __ __ __ __

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^3)

COMPLETE IF MINE DEWATERING COVERAGE IS REQUESTED

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.

[signature] — 3/3/08

Authorized Signature[1] — **Date**

John Sojourner — President

Printed Name — **Title**

[1]This application shall be signed according to the General Permit, Act 14, 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 10385
Jackson, Mississippi 39289-0385