## MAJOR MODIFICATION FORM FOR MINING GENERAL PERMIT MSR32 EVI

	1	0	)	
3		E	$\vec{\mathcal{J}}$	
Mis		PART	MENT	T OF

		-					
ı	N	CT	rD	Πħ	CT	IO	NC

1110	TRUCTIONS
Coverage recipients shall notify the Mississippi Departre "footprint" of an existing mining activity or modify the exall that apply):	ment of Environmental Quality of plans to expand the acreage or xisting mining operation. This form must be submitted when (check
SWPPP details have been developed and are read mining activity	y for MDEQ review for subsequent phases of an existing, covered
"Footprint" identified in the original MNOI is pro topographic map must be submitted)	oposed to be enlarged (a modified SWPPP and an updated USGS
Mine dewatering is proposed	Mine dewatering has been discontinued
Closed loop wash operations are proposed	Closed loop wash operations have been discontinued
must have general permit coverage transferred prior to discharge storm water associated with proposed expan discharge, under the conditions of the General Permit, on	nt under Mississippi's Mining General Permit. A different operator of coverage being modified. Coverage recipients are authorized to asions of dewater pits or operate a recirculation system with notify upon receipt of written notification of approval by the porate a hydraulic dredging operation or a discharge of process shall be required.
COVERAGE REC	CIPIENT INFORMATION
COVERAGE RECIPIENT CONTACT PERSON: CA	RY W. HENZE
COMPANY NAME: HENZE ENTERP	RISES, INC.
STREET OR P.O. BOX: P.O. BOX 1594	
CITY: GAUTIER	STATE: MS ZIP: 39553
PHONE # (INCLUDE AREA CODE): 228 - 219	STATE: MS ZIP: 39553 - 2084 (c) 228-497-1022 (0)
PROJEC	T INFORMATION
MINING STORM WATER GENERAL PERMIT COVERA	AGE NUMBER: MSR32 1 1 7 6
ADDITIONAL ACREAGE TO BE DISTURBED:	TOTAL ACREAGE: 425
MINE NAME: CLASS IT RUBBISH & DIRT MINI	G OPERAGEOLOGY APPLICATION/PERMIT NO. PO4-019
CITY: VANCLEAUE, MS	COUNTY: JACKSON
with a system designed to assure that qualified personnel pro inquiry of the person or persons who manage the system, of	chments were prepared under my direction or supervision in accordance operly gathered and evaluated the information submitted. Based on my or those persons directly responsible for gathering the information, the elief, true, accurate and complete. I am aware that there are significant bility of fine and imprisonment for knowing violations.
and of Henry	9/4/09
Signature (must be signed by coverage recipient)	Date
AURIL D. HENZE	9/14/09 Date PRES
Printed Name	Title
Please submit this form to: Chief, Environmental Permits I  MS Department of Environment	Division stal Quality, Office of Pollution Control

Revision: 01/08/08

P.O. Box 2261

Jackson, Mississippi 39225