



RECEIVED
NOV 16 2012
Dept. of Environmental Quality

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 2127. 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: Johnathon Damiens

OPERATOR COMPANY NAME: J. Levens Builders, Inc.

OPERATOR STREET (P. O. BOX): P.O. Box 779

OPERATOR CITY: LONG BEACH STATE: MS ZIP: 39560

OPERATOR TELEPHONE NUMBER (INCLUDE AREA CODE): (228) 863-0303

OWNER CONTACT PERSON: SAME AS ABOVE

OWNER COMPANY: _____

OWNER STREET (P. O. BOX): _____

OWNER CITY: _____ STATE: _____ ZIP: _____

OWNER TELEPHONE NUMBER (INCLUDE AREA CODE): (____) _____

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

| | | |
|---|---|-----------------------------|
| IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? If no, please attach required SWPPP amendments. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

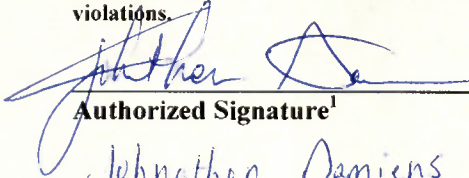
COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE COVERAGE IS REQUESTED

| | | |
|---|------------------------------|--|
| IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> 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.



Authorized Signature¹

Printed Name

Johnathon Damiens

11-15-2012

Date

Title

Vice President

¹This 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.

Please submit this form to: Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 10385
Jackson, Mississippi 39289-0385