



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 <u>1</u> <u>6</u> <u>7</u> <u>9</u>. 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.

| Dewatering and No Discharge General F | Permit. This form m | ust be completed and returned to MDEQ at of the date of the Letter of Instruction for Re- |
|--|---|---|
| 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 w | ith No Discharge | |
| The appropriate section of this form must recirculation system with no discharge an | _ | e applicant proposes to operate a wastewater inded mine water (dewatering). |
| State Operating Permit can check the a under the Mining Storm Water, Dewa terminate the existing "No Discharge" Stator an additional five years (until 2017) General Permit. Facilities discharging Elimination System (NPDES) Permit can Storm Water, Dewatering and No Dischargement of the Company of the Compa | appropriate box above tering and No Disclete Operating Permit under the Mining Service mine dewatering upon follow the same processes General Permit. | no discharge under a valid "No Discharge" we to request coverage for these operations harge General Permit. MDEQ will then and will extend coverage to these operations storm Water, Dewatering and No Discharge nder a valid National Pollutant Discharge cedure to request coverage under the Mining dicate "N/A" where not applicable) |
| | APPLICANT INFORMAT | TION |
| APPLICANT IS THE LANDOWNER | ◯ OPERATOR | (Must check one or both) |
| OPERATOR CONTACT PERSON: WAYNE | Brown | |
| OPERATOR COMPANY NAME: Brown (| om Ag, Inc | |
| OPERATOR STREET (P. O. BOX): 2009 I | Insmore P | lace |
| OPERATOR CITY: HER Manuille | STATE: | MS ZIP: 39086 |
| | | rowncomag@gmail.com |
| LANDOWNER CONTACT PERSON: 76556 | Regan | |
| LANDOWNER COMPANY: | : 1 | |
| LANDOWNER STREET (P.O. BOX): 5013 | | |
| LANDOWNER CITY: Port G: 650 | | |
| PHONE NUMBER: (601) 535-2282 | EMAIL ADDRESS: Y | one |
| | | |

| STORM WATER | POLLUTION | PREVENTION PL | AN (SWPPP) |
|-------------|-----------|---------------|------------|

| STORM WATER POLLUTION PREVENTION PLAN (SWPPI | P) |
|---|--|
| THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJE SPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP. | |
| IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? | ⊠ YES □NO |
| DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? | YES NO |
| IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF <u>NO.</u> THE BASIN MUST HAVE A SURFACE DISCHARGE WITHIN SIX (6) MONTHS FROM THE DATE OF RECOVERAGE | YES OF N.A. NO |
| IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROADS A CONSTRUCTION EXIT AN INSTALLED BMP? IF \underline{NO} , A CONSTRUCTION EXIT MUST BE INSTALLED WITHIN SIX (6) MONTHS OF THE DATE OF RECOVERAGE. IF A MINE IS CURRENT INACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE INSTALLED WITHIN SIX (6) MONTHS OF THE MINE BECOMING ACTIVE. | TLY |
| COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE C | 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: | (FT³) |
| COMPLETE IF MINE DEWATERING COVERAGE IS REQUES | TED |
| IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING? | VES NO |
| PERMIT NO. MS | |
| ESTIMATED DEWATERING VOLUME:(GAL/DAY) | |
| NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMR: | s), IF DIFFERENT FROM SIGNATORY: |
| | |
| | |
| I certify under penalty of law that this document and all attachments were prepared unaccordance with a system designed to assure that qualified personnel properly gathered and a Based on my inquiry of the person or persons who manage the system, or those persons d information, the information submitted is, to the best of my knowledge and belief, true, accuthere are significant penalties for submitting false information, including the possibility of violations. August 2 | evaluated the information submitted. lirectly responsible for gathering the trate and complete. I am aware that fine and imprisonment for knowing |
| Way ne 15 round Authorized Signature Authorized Signature | 12, 2014 |
| | |
| Printed Name Title | PRES BROWN CO. |
| | ease submit this form to: |
| For a corporation, by a responsible corporate officer. For a partnership, by a general partner. Chi For a sole proprietorship, by the proprietor. ME | ief, Environmental Permits Division DEQ, Office of Pollution Control D. Box 2261 |