

CAPACISCOO MAJOR MODIFICATION FORM FOR MINING GENERAL PERMIT



Coverage No. MSR32 1375 County Rankin

INSTRUCTIONS	
Coverage recipients shall notify the Mississippi Department of "footprint" of an existing mining activity or modify the existing mall that apply):	nining operation. This form must be submitted when (check OCT 2.4. 2018
SWPPP details have been developed and are ready for MI mining activity	DEQ review for subsequent phases of an existing, covered property of Environmental Quality
"Footprint" identified in the original MNOI is proposed to topographic map must be submitted)	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
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	
COVERAGE RECIPIENT INFORMATION	
COVERAGE RECIPIENT CONTACT PERSON: Jim	oshee
COMPANY NAME: Southern Environme	utal Group, Inc.
STREET OR P.O. BOX: 495 Mt Helm	Road
CITY: Brandon	STATE: MS ZIP: 39047
PHONE NUMBER: (601) 613-6024 EMAIL AI	DDRESS: jim. segi 10 gmail. com
PROJECT INFORMATION	
ADDITIONAL ACREAGE TO BE DISTURBED: 20	TOTAL ACREAGE: 96
MINE NAME: Mt Helm Pit	GEOLOGY APPLICATION/PERMIT NO. <u>P04-029</u>
CITY: Brandon, MS	COUNTY: Rankin
I certify under penalty of law that this document and all attachments with a system designed to assure that qualified personnel properly gainquiry of the person or persons who manage the system, or those information submitted is, to the best of my knowledge and belief, tru penalties for submitting false information, including the possibility of Signature must be signed by coverage recipient)	athered and evaluated the information submitted. Based on my persons directly responsible for gathering the information, the e, accurate and complete. I am aware that there are significant
Printed Name	Title 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