



RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 <u>2</u> <u>4</u> <u>8</u> <u>6</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.

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).						
If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.						
ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)						
APPLICANT INFORMATION						
APPLICANT IS THE OWNER OPERATOR (Must check one or both)						
APPLICANT IS THE OWNER OPERATOR (Must check one or both) OPERATOR CONTACT PERSON: Bus Troit						
OPERATOR CONTACT PERSON: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: POBOY 444						
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OPERATOR CONTACT PERSON: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: POBOY 444						
OPERATOR CONTACT PERSON: BUD TROLET OPERATOR COMPANY NAME: TO BUT MINE OPERATOR STREET OR P. O. BOX: POBOY 444 OPERATOR CITY: Charleston STATE: MISSISSII ZIP: 38721 OPERATOR PHONE #: (M) (AM-7103 OPERATOR EMAIL: BTrous@ Water VM & y. Net OWNER CONTACT PERSON: George C. Trout II (Bup)						
OPERATOR CONTACT PERSON: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: OPERATOR CITY: OPERATOR CITY: OPERATOR CITY: OPERATOR PHONE #: (UN) OPERATOR PHONE #: (UN) OPERATOR EMAIL: OPERATOR EMAIL: OWNER CONTACT PERSON: Geonge C. Trout III (Bup) OWNER COMPANY: Thour Mine						
OPERATOR CONTACT PERSON: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: OPERATOR CITY: OPERATOR CITY: OPERATOR CITY: OPERATOR PHONE #: (A) OPERATOR PHONE #: (A) OPERATOR EMAIL: OWNER CONTACT PERSON: George C. Trout (Bup) OWNER COMPANY: OWNER STREET OR P. O. BOX: P.O. BOX 414						
OPERATOR CONTACT PERSON: BOD TROLET OPERATOR COMPANY NAME: INDUST MINE OPERATOR STREET OR P. O. BOX: POBON 444 OPERATOR CITY: Maleston STATE: MISSISSII ZIP: 38721 OPERATOR PHONE #: (MA) MINE OWNER CONTACT PERSON: George C. Trout B (Bud) OWNER COMPANY: Thout Mine OWNER STREET OR P. O. BOX: P.O. BOX 414 OWNER CITY: Charleston STATE: MISSISSIPPI ZIP: 38721						
OPERATOR CONTACT PERSON: OPERATOR COMPANY NAME: OPERATOR STREET OR P. O. BOX: OPERATOR CITY: OPERATOR CITY: OPERATOR CITY: OPERATOR PHONE #: (A) OPERATOR PHONE #: (A) OPERATOR EMAIL: OWNER CONTACT PERSON: George C. Trout (Bup) OWNER COMPANY: OWNER STREET OR P. O. BOX: P.O. BOX 414						

MINE INFORMATION

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MINE SITE NAME: TROUT MINE						
CONTACT NAME & POSITION: BUD TROUT						
CONTACT PHONE NUMBER: (662) 647-7103						
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):						
STREET: MISS, Highway 35 South CITY: Charleston COUNTY: Tallahatchie ZIP: 38921						
CITY: Charleston COUNTY: Tallahatchie ZIP: 38921						
ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).						
5ω /4 of SE /4 of section 34 , township $25N$, range $3E$						
LATITUDE: 33 DEGREES 98 MINUTES 89 SECONDS LONGITUDE: 90 DEGREES 07 MINUTES 60 SECONDS						
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION): Group/e Maps						
TOTAL ACREAGE: 44 MATERIAL TO BE MINED: DIRT GRAVEL						
ESTIMATED START DATE: 2012-09-07 ESTIMATED END DATE: 2029-02-01						
SIC CODE /442 NAICS CODE						
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)						
THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S CURRENT BMPS, TWO (2) 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?						
IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF NO. THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY FROM THE DATE OF RECOVERAGE.						
IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, IS A CONSTRUCTION EXIT AN INSTALLED BMP? IF NO, A CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE DATE OF RECOVERAGE. IF A MINE IS CURRENTLY INACTIVE, BUT IS SUBMITTING A RECOVERAGE FORM, THE CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.						
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY? YES						
IS MINE DEWATERING PRESENT ON SITE? YES						
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW						
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?						
PERMIT NO. MS						
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)						

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR	R MINE DEWATERING	•	YES	NO
PERMIT NO. MS				
ESTIMATED DEWATERING VOLUME:(GA	L/DAY)			
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MO	NITORING REPORTS (DMRs), IF DIF	FERENT FRO	M SIGNATORY:

I certify under penalty of law that this document and all attachments were p to assure that qualified personnel properly gathered and evaluated the information, the system, or those persons directly responsible for gathering the information, the and complete. I am aware that there are significant penalties for submitting violations. Bul Jout Authorized Signature ¹	nation submitted. Based on information submitted	on my inquiry on the best of the possibility of the possibility.	of the person or my knowledge	persons who manag and belief, true, acc
Authorized Signature ¹	Date 0			
Bup Thout	orona			
Printed Name	Title			
 ¹This application shall be signed according to the General Permit, Act 15, T- 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 exofficer, the mayor, or ranking elected official. Duly Authorized Representative 		Chief, Envir MDEQ, Off P.O. Box 22	ice of Pollutio	rmits Division on Control