AI #23670





RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

The submittal of this form is required to receive coverage under and No Discharge General Permit. This form must be complete at the bottom of this form within 30 days of the date of the Letter	ed and returned to MDEQ at the address printed
Please indicate the activities to be covered by this Re-Coverage	Form (check all that apply).
Storm Water Discharges Associated with Mining Wastewater Recirculation System with No Discharge	Mine Dewatering
The appropriate section of this form must be completed if recirculation system with no discharge and/or discharge impour	he applicant proposes to operate a wastewater ided mine water (dewatering).
If the company seeking coverage is a corporation, a limited liable attach proof of its registration with the Mississippi Secretary of This registration or Certificate of Good Standing must be dated submittal of this coverage form. Coverage will be issued in the Mississippi Secretary of State. ALL INFORMATION MUST BE COMPLETED (State and/or its Certificate of Good Standing. within twelve (12) months of the date of the company name as it is registered with the
APPLICANT INFORM	
APPLICANT IS THE OWNER OPERATOR OPERATOR CONTACT PERSON:	(Must check one or both)
OPERATOR COMPANY NAME:	
OPERATOR STREET OR P. O. BOX:	The second of the second
OPERATOR CITY: S	TATE: ZIP:
OPERATOR PHONE #: () OPERATOR E OWNER CONTACT PERSON: Mitchell Ratal	MAIL:
OWNER COMPANY: OWNER STREET OR P. O. BOX: 4 Billy Davis & OWNER CITY: 5. Ver Creek STATE: OWNER PHONE #: (601) 886-7123 OWNER EMAIL:	1. M5 zir: 39663 eva 2010340@yahov, Com



mall	of the injurite	I have the work of our to fire out to be the out of our of	
	(FT³)	STORAGE CAPACITY OF EACH RECIRCULATION POND:	
		NUMBER OF RECIRCULATION POND(S):	
		(MUST BE AT LEAST ISO FEET) (MUST BE AT LEAST ISO FEET)	
		PERMIT NO. MS	
		IS WINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	
	IE CHECKED XES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW		
	AES NO	IS WINE DEMYLERING PRESENT ON SITE?	
	KES NO	IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY?	
	XES 01 N.A. NO	IF TRUCK TRAFFIC LEAVES MINING SITE AND MOYES DIRECTLY ONTO PAVED PUBLIC ROAD, IN TRUCK TRAFFIC LEAVES MINGTALLED BMP? IF UQ, A CONSTRUCTION EXIT MUST BE INSTALLED IMMEDIATELY OF THE DATE OF RECOVERAGE. IF A MINE IS CURRENTLY INSTALLED IMMEDIATELY OF THE MINE BECOMING ACTIVE.	
	XE2 0L N.A NO	IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE FROM THE PASIN? IF NO. THE BASIN? IF NO. THE BASIN IN THE BASIN IF NO. THE BASIN IN THE BASIN. IF NO. THE BASIN IN THE	
	KES NO	POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER	
	KES NO	IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	
	THE CENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN SPECIFIC GONTROLLING 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.		
	STORM WATER POLLUTION PREVENTION PLAN (SWPPP)		
	SIC CODE ESTIMATED START DATE: WATERIAL TO BE MINED: TOTAL ACREAGE: MATERIAL TO BE MINED: MATERIAL TO BE MINED: TOTAL ACREAGE: TOT		
		LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):	
	TYLILIDE: DECKEES WINNIES SECONDS FORGILIDE: DECKEES WINNIES SECONDS		
j		/4 OF SECTION , TOWNSHIP , RANGE	
	ATTACH A USGS QUAD MAP, EXTENDING % MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).		
	E 9956 3	CITY: SIVER CIECKINS SULL COUNTY: LOW PENCE	
·	MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):		
	CONTACT NAME & POSITION: (60) 86-7(2)		
	MINE SITE NAME:		
Ĺ		O C MINE INFORMATION	

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 Signature

Owner

M' + 1 - 11

Printed Name

Title

¹This application shall be signed according to the General Permit, Act 15, 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.
- Duly Authorized Representative

Please submit this form to:

Chief, Environmental Permits Division MDEQ, Office of Pollution Control P.O. Box 2261

Jackson, Mississippi 39225