MAJOR MODIFICATION FORM FOR MINING GENERAL PERMIT



Coverage No. MSR32 2 7 5 4 County Copiah

INSTRUC	TIONS
Coverage recipients shall notify the Mississippi Department of "footprint" of an existing mining activity or modify the existing all that apply):	Environmental Quality of plans to expand the acreage or mining operation. This form must be submitted when (check
SWPPP details have been developed and are ready for M mining activity	DEQ review for subsequent phases of an existing, covered
√ "Footprint" identified in the original MNOI is proposed topographic map must be submitted)	to 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 undo must have general permit coverage transferred prior to cover discharge storm water associated with proposed expansions of discharge, under the conditions of the General Permit, only upo MDEQ. If mining activities change which will incorporate wastewaters to State waters additional permitting actions shall be	age being modified. Coverage recipients are authorized to of dewater pits or operate a recirculation system with no on receipt of written notification of approval by the a hydraulic dredging operation or a discharge of process
COVERAGE RECIPIE	NT INFORMATION
COVERAGE RECIPIENT CONTACT PERSON: Amy Eversole	
COMPANY NAME: Krystal Gravel, Inc.	
STREET OR P.O. BOX: PO Box 467	
CITY: Crystal Springs	STATE: MS ZIP: 39059
PHONE NUMBER : 662-892-6200 EMAIL A	ADDRESS: amysojournerinc@gmail.com
PROJECT INFO	ORMATION ales Mine to the 50 acres of the Scooter Mine. Additional land will not be
mined just want to consolidate the 2 under of	
TOTAL ACREAGE: 77.5 Scooter Mine MIN	NE NAME: Scooter Mine
GEOLOGY APPLICATION/PERMIT NO. P19-001 CITY WAG Scales Mine P21-	: Crystal Springs COUNTY: Copiah
I certify under penalty of law that this document and all attachments with a system designed to assure that qualified personnel properly ginquiry of the person or persons who manage the system, or those information submitted is, to the best of my knowledge and belief, tr penalties for submitting false information, including the possibility of Signature (must be signed by coverage recipient)	gathered and evaluated the information submitted. Based on my persons directly responsible for gathering the information, the ue, accurate and complete. I am aware that there are significant

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

SEP 28 2022 DEPT. OF ENVIRONMENTAL QUALITY