

RECEIVED

NOV 18 2022

Dept. of Environmental Quality

MSR32 2 9 9 4

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: OWNER OPERATOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Dean Brummett
OWNER COMPANY LEGAL NAME: JDB Const
OWNER STREET OR P. O. BOX: 188 CR 102
OWNER CITY: Pittsboro STATE: MS ZIP: 38951
OWNER PHONE #: (662) 983-5822 OWNER EMAIL: na

OPERATOR CONTACT INFORMATION

OPERATOR CONTACT PERSON: Dean Brummett
OPERATOR COMPANY LEGAL NAME: JDB Const
OPERATOR STREET OR P. O. BOX: 188 CR 102
OPERATOR CITY: Pittsboro STATE: MS ZIP: 38951
OPERATOR PHONE #: (662) 983-5822 OPERATOR EMAIL: na

MINE INFORMATION

MINE NAME: ~~XXXX~~ OLD TOWN
MINE SITE ADDRESS (If the physical address is not available, please indicate nearest named road.)
Street: 102 app 450
City: Pittsboro State: MS County: Calhoun Zip: 38951
N 1/2 SE 1/4 OF _____ 1/4 OF SECTION 3, TOWNSHIP 13, RANGE 2W
MINE SITE TRIBAL LAND ID (N/A If not applicable): na
ATTACH A USGS QUAD MAP, EXTENDING 1/2 MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES
(Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).
LATITUDE: 33 degrees _____ minutes _____ seconds LONGITUDE: -89 degrees _____ minutes _____ seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Entrance Gate) or Map Interpolation): _____
TOTAL ACREAGE: 57 acf MATERIAL TO BE MINED: FILL DIRT
WILL HYDRAULIC DREDGING BE USED? YES NO
WASHING OF SAND/GRAVEL? YES NO



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

**MINING NOTICE OF INTENT (MNOI)
FOR COVERAGE UNDER
MINING STORM WATER, DEWATERING AND NO DISCHARGE
GENERAL PERMIT MSR32 _____
(Number to be assigned by State)**

File at least 30 days prior to the commencement of mining; 15 days if a Storm Water Pollution Prevention Plan (SWPPP) is already on file and mine dewatering is not proposed. Lateral expansion of an existing mine that has general permit coverage requires the submittal of the Major Modification Form, not a new MNOI. However, modification of the existing SWPPP to include the expansion is required. Discharge of storm water or impounded water associated with mining or the operation of a wastewater recirculation system with no discharge without written notification of coverage from MDEQ is a violation of State Law.

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.

Please indicate the activities to be covered by this MNOI (check all that apply).

- Storm Water Discharges Associated with Mining Mine Dewatering
 Wastewater Recirculation System with No Discharge

The appropriate section of the MNOI must be completed if the applicant proposes to discharge storm water, discharge impounded mine water (dewatering) and/or operate a wastewater recirculation system with no discharge.

A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT5 of the General Permit and a United States Geological Survey (USGS) quadrangle map or photocopy, indicating the site location and outfalls must be included with the MNOI submittal. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523. Additional submittals may include the following (check all that apply).

- Section 404 Documentation Notice of Exempt Operations Form
 Dam/Reservoir Safety Permit or Written Authorization

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

ESTIMATED START DATE: 12-1-22
YYYY-MM-DD

ESTIMATED END DATE: _____
YYYY-MM-DD

SIC CODE _____

NAICS CODE _____

RECEIVING STREAM INFORMATION

NEAREST NAMED RECEIVING STREAM: _____

IS RECEIVING STREAM ON MISSISSIPPI'S 303(D) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found of MDEQ's website: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section) YES NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? YES NO

COMPLETE IF STORM WATER DISCHARGE IS PROPOSED

ATTACH A STORM WATER POLLUTION PREVENTION PLAN (SEE PERMIT FOR REQUIREMENTS)

IDENTIFY THE ASSOCIATION OR GENERIC SWPPP ON FILE AT MDEQ: NA

COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE IS PROPOSED

DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: _____ (FT)
(MUST BE AT LEAST 150 FEET)

NUMBER OF RECIRCULATION POND(S): na

STORAGE CAPACITY OF EACH RECIRCULATION POND(S): na (FT³)

COMPLETE IF MINE DEWATERING IS PROPOSED

ESTIMATED DEWATERING VOLUME: _____ (GAL/DAY)

NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY: _____

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS
 Coverage under this general permit will not be granted until all other required MDEQ permits and approvals are addressed.

WILL THE CONSTRUCTION OR OPERATION OF THIS MINE INVOLVE THE RE-ROUTING, FILLING OR CROSSING OF A WATER CONVEYANCE OF ANY KIND? YES NO

If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements. If the mine requires a Corps of Engineers Section 404 permit, provide appropriate documentation with this MNOI that:

- The mine has been approved by individual permit, or
- The work will be covered by a nationwide permit and NO NOTIFICATION to the Corps is required, or
- The work will be covered by a nationwide or general permit and NOTIFICATION to the Corps is required.

LIST ANY NPDES PERMIT NO(S) _____ GEOLOGY APPLICATION/PERMIT NO. _____

LIST OTHER GEOLOGY PERMIT NUMBERS THAT APPLY TO COVERAGE AREA _____

IS THE MINE LESS THAN 4 ACRES AND GREATER THAN 1320 FEET FROM ANOTHER MINE?

- YES A "Notice of Exempt Operations" Form must be included with the MNOI or proof of prior submission, if previously submitted to the Office of Geology.
- NO A "Notice of Intent to Mine Class I or Class II Materials" Form must be filed before coverage will be granted under the Mining General Permit. For information on Office of Geology requirements, call 601-961-5515.

LIST ANY LOCAL STORM WATER ORDINANCES WITH WHICH THE OPERATIONS MUST COMPLY AND SUBMIT ANY ASSOCIATED APPROVAL DOCUMENTATION. _____

IF IMPOUNDMENTS WILL BE CONSTRUCTED ABOVE NATURAL SURFACE ELEVATIONS, INDICATE WHICH, IF ANY, OF THE FOLLOWING APPLY.

- The impoundment will be constructed with a peripheral dam or levee 8 feet or greater in height, measured from the lowest elevation of its toe.
- The impoundment will have a maximum storage volume greater than 25 acre-feet.
- The impoundment will impound a watercourse with a continuous flow.
- The impoundment has the potential to threaten downstream lives or man-made structures.

If any of the impoundments meet any of the above criteria, the applicant will be required to obtain written authorization from MDEQ, Dam Safety Division before coverage will be granted under the Mining General Permit.

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.

Dean Brummett
 Authorized Signature¹

11-17-22
 Date

Dean Brummett
 Printed Name

JOB CONST
 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

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF GEOLOGY
Mining and Reclamation Division
P. O. Box 2279
Jackson, Mississippi 39225-2279
(601) 961-5515

Reid

11-18-2022

NOTICE OF EXEMPT OPERATION

This form shall be filed with the Office of Geology, Mining and Reclamation Division **only** for operations affecting 4 acres or less **and greater** than 1320 feet from another mine. **NOTE:** Local, county, federal or other state agencies may also require permits before mining can be done on your site. This is *your* responsibility.

Name of applicant/operator: Dean Brummett
Mailing address: 188 CR 102 PITTSBORO MS 38951
Telephone number: 662-983-5822

Do you have any **other** exempt mining operations on file? [] yes [] no
Do you plan to file for a **permit** and expand this site later? [] yes [] no

LOCATION

^{N^{1/2}} SE 1/4 of _____ 1/4 of Section 3, Township 13 Range 1W County Cathon

Include a map or aerial photo marked with site location with this form.

Name of land owner: _____
Mailing address: _____
Telephone number: _____

Date operation to begin 12-1-22 Date operation to end (estimated) 12-1-24
Material to be mined sand Number of acres to be mined _____ (A)*
Total acres to be affected by operation (mine, roads, storage, etc.) _____ (B)*
Is operation **closer** than 1,320 feet (1/4 mile) to another mine? [] no [] yes*

***If items A or B exceed 4 acres or you answered YES above, you need to apply for a MINING PERMIT.**

Applicant/operator: Dean Brummett By Dean Brummett
Signature

Date: 11-17-22 Position owner

For Office of Geology use only

Date: _____ By _____
Division Director
Mining and Reclamation Division

**COVERAGE NUMBER (MSR32 _____) INSPECTION YEAR _____
 SITE INSPECTION REPORT AND CERTIFICATION FORM
 MINING GENERAL PERMIT**



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Results of the inspection by ACT7 of this permit shall be recorded on this report form and in addition, copies of all completed forms shall be retained onsite or locally available. Inspections must be performed monthly and after a 2-year, 24-hour storm event (approx. 6-inches on Gulf Coast to 4-inches at MS/TN State Line). The coverage number must be listed at the top of all Site Inspection Report and Certification Forms.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: JOB CONST MINE NAME: OL Tacon
 MINE LOCATION: 450 CR 102 GEOLOGY APPLICATION/PERMIT NO. _____
 NEAREST PROJECT CITY: PITTSBORO COUNTY: Calhoun
 MAILING ADDRESS: 188 CR 102 PITTSBORO MS
 MAILING CITY: 11 11 11 11 STATE: MS ZIP: 38951
 CONTACT PERSON: Dean Brummett CONTACT PHONE NUMBER: 662-983-5822

INSPECTION DOCUMENTATION

DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	AFTER 2-YEAR, 24-HOUR STORM EVENT? (CHECK IF YES)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): _____

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): _____

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the MNOI and SWPPP information on file with MDEQ is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 fines and imprisonment for knowing violations.

Authorized Signature _____

Date _____

Printed Name _____

Title _____

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Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: _____</p> <p>City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: _____</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p>
<p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p>	<p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p>
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description:</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>
<p>Item VII.</p> <p>Will Facility Name Change? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p>
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p>	
<p><u>JOB CONST</u></p> <p>Print New Permittee¹ Name</p> <p><u>Den Bennett</u></p> <p>New Authorized Signature²</p> <p><u>owner</u> <u>11-17-22</u></p> <p>Title Date</p>	<p><u>RFA country lane</u></p> <p>Print Previous Permittee¹ Name</p> <p>_____ Previous Authorized Signature²</p> <p>_____ Title Date</p>
<p>¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.</p> <p>²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.</p>	

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>

Request for Termination (RFT) of Coverage



Mining General NPDES Permit No. MSR32 _____ County _____
 (Fill in your Certificate of Coverage Number and County)

Use this form to request coverage termination only after mining activities have permanently stopped and permanent erosion and sediment controls are successfully established. Inspections must continue until the coverage recipient receives written notice of coverage termination by MDEQ.

Please check which of the following apply:

- Non-Exempt Mining Operation (copy of Permit Board Order, authorizing 90% or final release of mining performance bond attached)
- Exempt Mining Operation (as defined in MDEQ's Mississippi Surface Mining and Reclamation Rules and Regulations)

(Please Print or Type)

Facility Name: _____ Closure Date: _____

Physical Site Street Address (if not available, indicate nearest named road): _____

City: _____ County: _____

Landowner Company Name: _____

Landowner Company Contact Name and Position: _____

Street Address / P.O. Box: _____

City: _____ State: _____ Zip: _____

Tel. # (____) _____

Operator Company Name (if different than owner): _____

Operator Contact Name and Position: _____

Street/ Address / P.O. Box: _____

City: _____ State: _____ Zip: _____

Tel. # (____) _____

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 fines and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with industrial activity under this general permit. Discharging pollutants in storm water associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

 Authorized Name (Print) Telephone Signature Date Signed

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 principal executive officer, mayor, or ranking elected official.

After signing please mail to: Environmental Permits Division, Office of Pollution Control
 P.O. Box 2261
 Jackson, MS 39225

Revision: 2/16/2018



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32

MINING GENERAL PERMIT FORMS PACKAGE

- MINING NOTICE OF INTENT (MNOI) 3
- NOTICE OF EXEMPT OPERATION 8
- SITE INSPECTION REPORT AND CERTIFICATION FORM 10
- MAJOR MODIFICATION FORM..... 12
- REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE
AND/OR NAME CHANGE 14
- REQUEST FOR TERMINATION (RFT) OF COVERAGE 17

These standard forms are used to apply for permit coverage under the Mining General Permit (MSR32) and for submittals and record keeping after permit coverage has been granted. The forms are in Adobe format on our website at http://www.mdeq.ms.gov/wp-content/uploads/2016/02/Mining_Forms_Package.pdf Required information can be completed on screen, printed and signed.

General Permit MSR32 does not authorize the discharge of mine process generated wastewater or take the place of an Office of Geology Surface Mining Permit.