



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

# **MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32**

## **MINING GENERAL PERMIT FORMS PACKAGE**

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**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](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.**

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MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

**MINING NOTICE OF INTENT (MNOI)  
FOR COVERAGE UNDER  
MINING STORM WATER, DEWATERING AND NO DISCHARGE  
GENERAL PERMIT MSR32**3007  
(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).**

- |  |  |
|--|--|
| <input type="checkbox"/> Storm Water Discharges Associated with Mining     | <input type="checkbox"/> Mine Dewatering |
| <input type="checkbox"/> 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).**

- |   |   |
|---|---|
| <input type="checkbox"/> Section 404 Documentation                            | <input type="checkbox"/> Notice of Exempt Operations Form |
| <input type="checkbox"/> Dam/Reservoir Safety Permit or Written Authorization |   |

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

MSR32 3007 \_ \_ \_

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☐ OWNER ☐ OPERATOR

**OWNER CONTACT INFORMATION**

OWNER CONTACT PERSON: \_\_\_\_\_

OWNER COMPANY LEGAL NAME: \_\_\_\_\_

OWNER STREET OR P. O. BOX: \_\_\_\_\_

OWNER CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER PHONE #: (\_\_\_\_) \_\_\_\_\_ OWNER EMAIL: \_\_\_\_\_

**OPERATOR CONTACT INFORMATION**

OPERATOR CONTACT PERSON: \_\_\_\_\_

OPERATOR COMPANY LEGAL NAME: \_\_\_\_\_

OPERATOR STREET OR P. O. BOX: \_\_\_\_\_

OPERATOR CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OPERATOR PHONE #: (\_\_\_\_) \_\_\_\_\_ OPERATOR EMAIL: \_\_\_\_\_

**MINE INFORMATION**

MINE NAME: \_\_\_\_\_

MINE SITE ADDRESS (If the physical address is not available, please indicate nearest named road.)

Street: Dale Rd

City: Caledonia State: MS County: Lowndes Zip: 39740

PT SE 1/4 /4 OF SW 1/4 /4 OF SECTION 18, TOWNSHIP 16 S, RANGE 17 W

MINE SITE TRIBAL LAND ID (N/A If not applicable): N/A

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).

LATITUDE: 33 degrees 40' minutes 08" seconds LONGITUDE: 88 degrees 21' minutes 09" seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Entrance Gate) or Map Interpolation): USGS

TOTAL ACREAGE: 4 acres Total MATERIAL TO BE MINED: Fill Dirt / Clay Gravel

WILL HYDRAULIC DREDGING BE USED? ☐ YES ☒ NO X

WASHING OF SAND/GRAVEL? ☐ YES ☒ NO X

ESTIMATED START DATE: 2023 04 15

YYYY-MM-DD

ESTIMATED END DATE: 2023 04 15

YYYY-MM-DD

SIC CODE \_\_\_\_\_

NAICS CODE \_\_\_\_\_

### RECEIVING STREAM INFORMATION

NEAREST NAMED RECEIVING STREAM: N/A

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 on MDEQ's website: [http://www.deq.state.ms.us/MDEQ.nsf/page/TWB\\_Total\\_Maximum\\_Daily\\_Load\\_Section](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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE IS PROPOSED

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

NUMBER OF RECIRCULATION POND(S): N/A

STORAGE CAPACITY OF EACH RECIRCULATION POND(S): N/A (FT<sup>3</sup>)

### COMPLETE IF MINE DEWATERING IS PROPOSED

ESTIMATED DEWATERING VOLUME: N/A (GAL/DAY)

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

\_\_\_\_\_  
\_\_\_\_\_

**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 X

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 X 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.

B. Nunley

04-02-2023

Authorized Signature<sup>1</sup>

Date

Benjamin Nunley

Operator

Printed Name

Title

<sup>1</sup>This 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

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

**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: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

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**

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of Section \_\_\_\_\_, Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

**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 \_\_\_\_\_ Date operation to end (estimated) \_\_\_\_\_

Material to be mined \_\_\_\_\_ 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: \_\_\_\_\_ By \_\_\_\_\_

Signature

Date: \_\_\_\_\_ Position \_\_\_\_\_

For Office of Geology use only

Date: \_\_\_\_\_ By \_\_\_\_\_

Division Director  
Mining and Reclamation Division



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



**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: <u>Nunley Management LLC</u>	MINE NAME: _____
MINE LOCATION: <u>Dale Road</u>	GEOLOGY APPLICATION/PERMIT NO. _____
NEAREST PROJECT CITY: <u>Caledonia</u>	COUNTY: _____
MAILING ADDRESS: <u>400 Jones Bayou Rd</u>	
MAILING CITY: <u>Shaw</u>	STATE: _____ <u>38773</u> ZIP: _____
CONTACT PERSON: <u>Benjamin Nunley</u>	CONTACT PHONE NUMBER: <u>(850)261-5386</u>

**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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<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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# MAJOR MODIFICATION FORM FOR MINING GENERAL PERMIT

Coverage No. MSR32 \_\_\_\_\_ County \_\_\_\_\_



## INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the acreage or "footprint" of an existing mining activity or modify the existing mining operation. This form must be submitted when (check all that apply):

- ☐ SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered mining activity
- ☐ "Footprint" identified in the original MNOI is proposed to be enlarged (a modified SWPPP and an updated USGS topographic map must be submitted)
- ☐ 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 required.

## COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET OR P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

## PROJECT INFORMATION

FORMER ACREAGE: \_\_\_\_\_ ADDITIONAL ACREAGE TO BE DISTURBED: \_\_\_\_\_

TOTAL ACREAGE: \_\_\_\_\_ MINE NAME: \_\_\_\_\_

GEOLOGY APPLICATION/PERMIT NO. \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature (must be signed by coverage recipient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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

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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><b>Item I.</b></p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p style="padding-left: 40px;">Street: _____</p> <p style="padding-left: 40px;">City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: _____</p>	<p><b>Item II.</b></p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p>
<p><b>Item III.</b></p> <p>Previous Permittee<sup>1</sup>: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p>	<p><b>Item IV.</b></p> <p>New Permittee<sup>1</sup>: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p>
<p><b>Item V.</b></p> <p>Industrial Activity      SIC Code: _____</p> <p>Brief Description: _____</p>	<p><b>Item VI.</b></p> <p>Will Facility Operations Change?    Yes _____    No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>
<p><b>Item VII.</b></p> <p>Will Facility Name Change?    Yes _____    No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p><b>Item VIII.</b></p> <p>Signature for Name Change _____</p> <p>Print Name: _____</p> <p>Authorized Signature<sup>2</sup>: _____</p> <p>Title: _____      Date: _____</p>
<p><b>Item IX.</b></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>_____</p> <p>Print New Permittee<sup>1</sup> Name</p> <p>_____</p> <p>New Authorized Signature<sup>2</sup></p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p>	<p>_____</p> <p>Print Previous Permittee<sup>1</sup> Name</p> <p>_____</p> <p>Previous Authorized Signature<sup>2</sup></p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p>

<sup>1</sup>A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup>Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

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SEPTEMBER 2000

**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>
<p><b>Item XII. Permit(s) and/or Coverage(s) to be Transferred</b></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>	<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>	<p>OTHER INFORMATION:</p>     

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# 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

<sup>1</sup>This 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