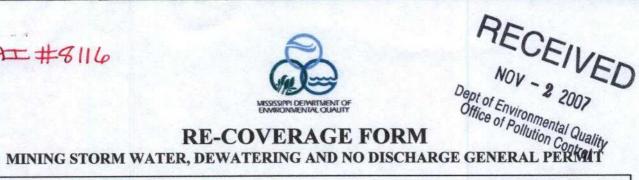
AT#8116





GENERAL PERMIT: MSR32 1 1 6 0. This coverage number must be completed for the referenced mining activity or this form will be considered incomplete and will be returned. The coverage

Dewatering and No Discharge General Permit. Thi	coverage under the reissued Mining Storm Water, is form must be completed and returned to MDEQ at 30 days of the date of the Letter of Instruction for Re-
Please indicate the activities to be covered by this Re-	Coverage Form (check all that apply).
Storm Water Discharges Associated with Minin	g Mine Dewatering
Wastewater Recirculation System with No Discl	harge
The appropriate section of this form must be complerecirculation system with no discharge and/or discha	eted if the applicant proposes to operate a wastewater rge impounded mine water (dewatering).
State Operating Permit can check the appropriate under the Mining Storm Water, Dewatering and terminate the existing "No Discharge" State Operation of the property of the pro	ems with no discharge under a valid "No Discharge" box above to request coverage for these operations No Discharge General Permit. MDEQ will then ng Permit and will extend coverage to these operations Mining Storm Water, Dewatering and No Discharge
Elimination System (NPDES) Permit can follow the Storm Water, Dewatering and No Discharge General	atering under a valid National Pollutant Discharge same procedure to request coverage under the Mining Permit. ETED (indicate "N/A" where not applicable)
Elimination System (NPDES) Permit can follow the storm Water, Dewatering and No Discharge General ALL INFORMATION MUST BE COMPL	same procedure to request coverage under the Mining Permit.
Elimination System (NPDES) Permit can follow the storm Water, Dewatering and No Discharge General ALL INFORMATION MUST BE COMPL APPLICANT	same procedure to request coverage under the Mining Permit. ETED (indicate "N/A" where not applicable)
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Elimination System (NPDES) Permit can follow the Storm Water, Dewatering and No Discharge General ALL INFORMATION MUST BE COMPL APPLICANT APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: Billy Don Bake OPERATOR COMPANY NAME: Baker Read y A	Same procedure to request coverage under the Mining Permit. ETED (indicate "N/A" where not applicable) INFORMATION ERATOR (Check one or both)
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Elimination System (NPDES) Permit can follow the Storm Water, Dewatering and No Discharge General ALL INFORMATION MUST BE COMPLAPPLICANT APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: DEPERATOR COMPANY NAME: DEPERATOR STREET (P. O. BOX): DEPERATOR CITY: LOUIS VILLE DEPERATOR TELEPHONE NUMBER (INCLUDE AREA CODE): (Contact of the contact person) (Contact pe	Same procedure to request coverage under the Mining Permit. ETED (indicate "N/A" where not applicable) INFORMATION ERATOR (Check one or both) EVEROP STATE: MS ZIP: 39339
Elimination System (NPDES) Permit can follow the Storm Water, Dewatering and No Discharge General ALL INFORMATION MUST BE COMPLED APPLICANT APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: DEPERATOR COMPANY NAME: DEPERATOR STREET (P. O. BOX): DEPERATOR CITY: LOUIS ville DEPERATOR TELEPHONE NUMBER (INCLUDE AREA CODE): OWNER CONTACT PERSON: BILLY DON Baker	Same procedure to request coverage under the Mining Permit. ETED (indicate "N/A" where not applicable) INFORMATION ERATOR (Check one or both) EVEROP STATE: MS ZIP: 39339
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IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	YES	□ NO
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? If no, please attach required SWPPP amendments.	VES	No
COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE CO	VERAGE IS REQU	ESTED
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	☐ YES	No
PERMIT NO. MSU		
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:	The Park	(FT³)
COMPLETE IF MINE DEWATERING COVERAGE IS REQUESTE	D	
IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING?	YES	No
PERMIT NO. MS		
ESTIMATED DEWATERING VOLUME:(GAL/DAY)		
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs),	IE DIECEDENT EE	OM SICNATO
VAME AND ADDRESS OF THE RECIFIENT OF THE DISCHARGE MONITORING REPORTS (DMRS),	IF DIFFERENT FR	IOM SIGNATOR
certify under penalty of law that this document and all attachments were prepared under		
accordance with a system designed to assure that qualified personnel properly gathered and evi	duated the inform	mation submit
	aluated the informatile celly responsible	mation submit for gathering
accordance with a system designed to assure that qualified personnel properly gathered and evaluated on my inquiry of the person or persons who manage the system, or those persons directly of the information submitted is, to the best of my knowledge and belief, true, accurate there are significant penalties for submitting false information, including the possibility of fine	aluated the informatily responsible te and complete.	mation submit for gathering I am aware t
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MDEQ, Office of Pollution Control P.O. Box 10385 Jackson, Mississippi 39289-0385