

AJ# 04122



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SEP 10 2009
Dept. of Environmental Quality
Office of Pollution Control

RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 1613. This coverage number must be completed for the referenced mining activity or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

The submittal of this form is required to receive coverage under the reissued Mining Storm Water, Dewatering and No Discharge General Permit. This form must be completed and returned to MDEQ at the address printed at the bottom of this form within 30 days of the date of the Letter of Instruction for Re-Coverage.

Please indicate the activities to be covered by this Re-Coverage Form (check all that apply).

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

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

Facilities that operate wastewater recirculation systems with no discharge under a valid "No Discharge" State Operating Permit can check the appropriate box above to request coverage for these operations under the Mining Storm Water, Dewatering and No Discharge General Permit. MDEQ will then terminate the existing "No Discharge" State Operating Permit and will extend coverage to these operations for an additional five years (until 2012) under the Mining Storm Water, Dewatering and No Discharge General Permit. Facilities discharging mine dewatering under a valid National Pollutant Discharge Elimination System (NPDES) Permit can follow the same procedure to request coverage under the Mining Storm Water, Dewatering and No Discharge General Permit.

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

APPLICANT INFORMATION

APPLICANT IS THE OWNER OPERATOR (Check one or both)

OPERATOR CONTACT PERSON: Melvin Barnes dba Barnes Catastrophic Contractors, LLC

OPERATOR COMPANY NAME: _____

OPERATOR STREET (P. O. BOX): 10408 Hwy 603

OPERATOR CITY: Bay St Louis STATE: Ms ZIP: 39520

OPERATOR TELEPHONE NUMBER (INCLUDE AREA CODE): 228, 304-1113

OWNER CONTACT PERSON: Joyce Lee Moran

OWNER COMPANY: _____

OWNER STREET (P. O. BOX): 5364 Firetower Rd

OWNER CITY: Linn STATE: Ms ZIP: 39556

OWNER TELEPHONE NUMBER (INCLUDE AREA CODE): (228) 332 5431

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? If no, please attach required SWPPP amendments.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE COVERAGE IS REQUESTED

IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?	<input type="checkbox"/> YES	<input type="checkbox"/> 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: _____ (FT ³)		

COMPLETE IF MINE DEWATERING COVERAGE IS REQUESTED

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMIT FOR MINE DEWATERING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PERMIT NO. MS _____		
ESTIMATED DEWATERING VOLUME: _____ (GAL/DAY)		
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY:		

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.

<u>Joyce Z Lee</u>	<u>9/8/09</u>
Authorized Signature	Date
<u>Joyce Z Lee</u>	<u>owner.</u>
Printed Name	Title

- ¹This application shall be signed according to the General Permit, Act 14, 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.

Please submit this form to: **Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261**