



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
MAY 25 2021

MDEQ

**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)

MSR32 2920

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☐ OWNER ☒ OPERATOR

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: Mrs. Vivian Pitts Stevens
 OWNER COMPANY LEGAL NAME: N/A
 OWNER STREET OR P. O. BOX: 1957 Camp Eight Rd.
 OWNER CITY: Richton STATE: MS ZIP: 39476
 OWNER PHONE #: 601 7354009 OWNER EMAIL: N/A

OPERATOR CONTACT INFORMATION

OPERATOR CONTACT PERSON: Scottie Walters
 OPERATOR COMPANY LEGAL NAME: Walters Development LLC
 OPERATOR STREET OR P. O. BOX: 2051 Highway 84 East
 OPERATOR CITY: Laurel STATE: MS ZIP: 39443
 OPERATOR PHONE #: 601 4285515 OPERATOR EMAIL: _____

MINE INFORMATION

MINE NAME: Camp Eight Mine
 MINE SITE ADDRESS (If the physical address is not available, please indicate nearest named road.)
 Street: 1957 Camp Eight Mine
 City: Richton State: MS County: Wayne Zip: 39476
 SE _____ /4 OF SW _____ /4 OF SECTION 7, TOWNSHIP 6N, RANGE 8W
 N/A
 MINE SITE TRIBAL LAND ID (N/A If not applicable): _____
 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: 31 degrees 29 minutes 32 seconds LONGITUDE: 88 degrees 50 minutes 09 seconds
 ArcGIS
 LAT & LONG DATA SOURCE (GPS (Please GPS Entrance Gate) or Map Interpolation): _____
 TOTAL ACREAGE: 4 MATERIAL TO BE MINED: Sand/Gravel
 WILL HYDRAULIC DREDGING BE USED? ☐ YES ☒ NO
 WASHING OF SAND/GRAVEL? ☐ YES ☒ NO

ESTIMATED START DATE: 2021-06-01
YYYY-MM-DD
SIC CODE 1442

ESTIMATED END DATE: 2022-06-01
YYYY-MM-DD
NAICS CODE 212321

RECEIVING STREAM INFORMATION

NEAREST NAMED RECEIVING STREAM: <u>Unnamed tributary to Spring Branch</u>	
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)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: <u>N/A</u>
Mine operation to be maintained to not discharge. Possible discharge only during extreme rain events. (Hurricanes)

COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE IS PROPOSED

DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: <u>N/A</u> (FT) (MUST BE AT LEAST 150 FEET)
NUMBER OF RECIRCULATION POND(S): <u>N/A</u>
STORAGE CAPACITY OF EACH RECIRCULATION POND(S): <u>N/A</u> (FT ³)

COMPLETE IF MINE DEWATERING IS PROPOSED

ESTIMATED DEWATERING VOLUME: <u>N/A</u> (GAL/DAY)
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY: <u>N/A</u>

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). N/A GEOLOGY APPLICATION/PERMIT NO. (TBD)

LIST OTHER GEOLOGY PERMIT NUMBERS THAT APPLY TO COVERAGE AREA N/A

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. N/A

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.

Scottie Walters
Authorized Signature¹

21-May-2021
Date

Scottie Walters
Printed Name

Managing Member
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

Walters Development, LLC
2051 Hwy 84 E, Laurel, MS 39443

Phone: 601-428-5515
Fax: 601-425-5335

21.May.2021

Certified Mail: 7017 3380 0000 5004 2633

Chief EPD
MDEQ, OPC
PO BOX 2261
Jackson, MS 39225



RE: Camp Eight Mine - Camp Eight Rd., Richton, MS
MNOI and Notice of Exempt Operations

Dear Chief EPD and Mr. Matheny:

Walters Development LLC, desires to permit a 4-acre exempt mine located in Wayne County, Richton, MS. Attached are the following documents:

- Mining Notice of Intent (MNOI & Figures)
- Notice of Exempt Operation
- Secretary of State Good Standing
- 300ft Waiver
- Storm Water Plan (SWPPP)

If you have any questions or need additional information do not hesitate to contact me or Jay Musgrove (601-818-3558). We appreciate your assistance in this matter.

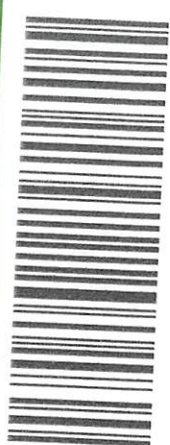
Regards,

Scottie Walters
Managing Member

Enclosures - Aforementioned

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 3380 0000 5004 2633
7017 3380 0000 5004 2633

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Walters - Camp 8 Mine 21.05.201

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Postmark Here

Chief EPD
MDEQ, OPC
PO BOX 2261
Jackson, MS 39225

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief EPD
MDEQ, OPC
PO BOX 2261
Jackson, MS 39225

2. Article Number (Transfer from service label)

7017 3380 0000 5004 2633

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery