MAJOR MODIFICATION FORM FOR MINING GENERAL PERMIT Coverage No. MSR32 2 2 4 County Warren



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	INSTRUCTIONS	CENER				
Coverage recipients shall notify the Mississippi "footprint" of an existing mining activity or modi all that apply): SWPPP details have been developed and mining activity	Department of Environmental ify the existing mining operation	Quality of plans to Barband the acreage or This form must be submitted when (check				
SWPPP details have been developed and mining activity	are ready for MDEQ review for	subsequent phases of an existing, covered				
"Footprint" identified in the original MN topographic map must be submitted)	OI is proposed to be enlarged (a	modified SWPPP and an updated USGS				
Mine dewatering is proposed	✓ Mine dewat	ering has been discontinued				
Closed loop wash operations are proposed	d 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.						
COVERA	GE RECIPIENT INFORMAT	TION				
COVERAGE RECIPIENT CONTACT PERSON:	Ken McCarley					
COMPANY NAME: Hammett Gravel Company						
STREET OR P.O. BOX: P.O. Box 209						
CITY: Lexington	STATE: MS	ZIP: <u>39095</u>				
PHONE NUMBER : 601-955-4791	EMAIL ADDRESS: ken.mcc	carley@hammett-gravel.com				
Pl	ROJECT INFORMATION					
FORMER ACREAGE: 45 ADDIT	FIONAL ACREAGE TO BE DIST	urbed:				
GEOLOGY APPLICATION/PERMIT NO. P13	-006 CITY: Vicksbe	ing county: Warren				
I certify under penalty of law that this document an with a system designed to assure that qualified persinquiry of the person or persons who manage the information submitted is, to the best of my knowled penalties for submitting false information, including	sonnel properly gathered and evalu system, or those persons directly lge and belief, true, accurate and c	ated the information submitted. Based on my responsible for gathering the information, the omplete. I am aware that there are significant				
Signature (must be signed by several projection)		February 5, 2022				
Signature (must be signed by coverage recipient)		Date				
Ken McCarley		Director/Environmental and Safety				
Printed Name	A.B. Scholada	Title				
·	tal Permits Division Environmental Quality, Office of Pollution oi 39225	Control				

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