





RE-COVERAGE FORM

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT

GENERAL PERMIT: MSR32 <u>Z 5 8 9</u>. 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.

and No Discharge General Permit. This form at the bottom of this form within 30 days of the	must be completed and returned	to MDEQ at the address printed				
Please indicate the activities to be covered by	this Re-Coverage Form (check all t	hat apply).				
Storm Water Discharges Associated with	Mining Mine Dewa	tering				
Wastewater Recirculation System with N	lo 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).						
If the company seeking coverage is a corporate attach proof of its registration with the Mississ This registration or Certificate of Good Stand submittal of this coverage form. Coverage will Mississippi Secretary of State. ALL INFORMATION MUST BE	sippi Secretary of State and/or its C ing must be dated within twelve (12	Certificate of Good Standing. 2) months of the date of the sit is registered with the				
APPLICANT INFORMATION						
	APPLICANT INFORMATION					
APPLICANT IS THE OWNER	APPLICANT INFORMATION OPERATOR (Must check one or	both)				
APPLICANT IS THE OWNER OPERATOR CONTACT PERSON: Michael Morris	OPERATOR (Must check one or	both)				
APPLICANT IS THE ✓ OWNER OPERATOR CONTACT PERSON: Michael Morris OPERATOR COMPANY NAME: Krystal Gravel Inc OPERATOR STREET OR P. O. BOX: 113 Bobo Driv	OPERATOR (Must check one or	both)				
APPLICANT IS THE ✓ OWNER OPERATOR CONTACT PERSON: Michael Morris OPERATOR COMPANY NAME: Krystal Gravel Inc OPERATOR STREET OR P. O. BOX: 113 Bobo Driv OPERATOR CITY: Crystal Springs	OPERATOR (Must check one or constitution) C. The state of the state	ZIP: 39059				
APPLICANT IS THE ✓ OWNER OPERATOR CONTACT PERSON: Michael Morris OPERATOR COMPANY NAME: Krystal Gravel Inc.	OPERATOR (Must check one or	ZIP: 39059				
APPLICANT IS THE ✓ OWNER OPERATOR CONTACT PERSON: Michael Morris OPERATOR COMPANY NAME: Krystal Gravel Inc OPERATOR STREET OR P. O. BOX: 113 Bobo Driv OPERATOR CITY: Crystal Springs OPERATOR PHONE #: (601) 892-6200 OWNER CONTACT PERSON: Michael Morris	OPERATOR (Must check one or constitution) C. The state of the state	_{ZIP:} 39059				
APPLICANT IS THE ✓ OWNER OPERATOR CONTACT PERSON: Michael Morris OPERATOR COMPANY NAME: Krystal Gravel Inc OPERATOR STREET OR P. O. BOX: 113 Bobo Driv OPERATOR CITY: Crystal Springs OPERATOR PHONE #: (601) 892-6200	OPERATOR (Must check one or constitution) C. The state of the state	_{ZIP:} 39059				
APPLICANT IS THE ✓ OWNER OPERATOR CONTACT PERSON: Michael Morris OPERATOR COMPANY NAME: Krystal Gravel Inc OPERATOR STREET OR P. O. BOX: 113 Bobo Driv OPERATOR CITY: Crystal Springs OPERATOR PHONE #: (601) 892-6200 OWNER CONTACT PERSON: Michael Morris OWNER COMPANY: Krystal Gravel Inc. OWNER STREET OR P. O. BOX: 113 Bobo Drive	OPERATOR (Must check one or constitution) C. The state of the state	_{ZIP:} 39059				
APPLICANT IS THE ✓ OWNER OPERATOR CONTACT PERSON: Michael Morris OPERATOR COMPANY NAME: Krystal Gravel Inc OPERATOR STREET OR P. O. BOX: 113 Bobo Driv OPERATOR CITY: Crystal Springs OPERATOR PHONE #: (601) 892-6200 OWNER CONTACT PERSON: Michael Morris OWNER COMPANY: Krystal Gravel Inc. OWNER STREET OR P. O. BOX: 113 Bobo Drive OWNER CITY: Crystal Springs	OPERATOR (Must check one or occ.) State: MS OPERATOR EMAIL: mmorris@	z _{IP:} 39059 krystalgravel.com				
APPLICANT IS THE ✓ OWNER OPERATOR CONTACT PERSON: Michael Morris OPERATOR COMPANY NAME: Krystal Gravel Inc OPERATOR STREET OR P. O. BOX: 113 Bobo Driv OPERATOR CITY: Crystal Springs OPERATOR PHONE #: (601) 892-6200 OWNER CONTACT PERSON: Michael Morris OWNER COMPANY: Krystal Gravel Inc. OWNER STREET OR P. O. BOX: 113 Bobo Drive	OPERATOR (Must check one or constitution) C. Be STATE: MS OPERATOR EMAIL: mmorris@	z _{IP:} 39059 krystalgravel.com				

STORAGE CAPACITY OF EACH RECIRCULATION POND: (FT²)					
NUMBER OF RECIRCULATION POND(S):					
(WIGH BE AT LEAST 150 FEET) DISTANCE BETWEEN RECIRCULATION POND(S) AND PROPERTY LINE: (FT)					
PERMIT NO. MS					
IS MINE COVERED UNDER VALID "NO DISCHARGE" STATE OPERATING PERMIT?					
IF CHECKED YES TO WASTERWATER RECIRCULATION SYSTEM WITH NO DISCHARGE, FILL OUT BELOW					
IS WINE DEMYLEBING BRESENT ON SITE?					
IS A WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE USED ON THE FACILITY? YES V NO					
IF TRUCK TRAFFIC LEAVES MINING SITE AND MOVES DIRECTLY ONTO PAVED PUBLIC ROAD, 19 A CONSTRUCTION EXIT AN INSTALLED BMP? IF MO, A CONSTRUCTION EXIT MUST BE 19 A CONSTRUCTION EXIT AN INSTALLED BMP? IF MO, A CONSTRUCTION EXIT MUST BE 19 A CONSTRUCTION EXIT AN INSTALLED BMP? IF MO, A CONSTRUCTION EXIT MUST BE 19 A CONSTRUCTION EXIT AN INSTALLED BMP? IF MO ACTIVE. 10 A CONSTRUCTION EXIT AN INSTALLED BMP? IF MO ACTIVE. 10 A CONSTRUCTION EXIT MUST BE MO.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A					
FROM THE DATE OF RECOVERAGE					
IF A SEDIMENTATION BASIN IS A PROJECT BMP, DOES IT DISCHARGE ONLY FROM THE SURFACE OF THE BASIN? IF <u>WO.</u> THE BASIN MUST HAVE A SURFACE DISCHARGE IMMEDIATELY VES OF N.A. — NO					
POLLUTANT SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM? TO SUPPLY SOURCES AND IDENTIFY BMPS TO EFFECTIVELY CONTROL THEM?					
IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?					
STORM WATER POLLUTION PREVENTION PLAN (SWPPP) THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, IN ADDITION TO THE PROJECT'S CURRENT BMPS, TWO (2) SPECIFIC BMPS (SEE BELOW) ARE REQUIRED TO BE IN THE SWPPP.					
SIC CODE 1995 ALALA-WW-DD ALALA-WW-DD ALALA-WW-DD ALALA-WW-DD					
ESTIMATED START DATE: ESTIMATED END DATE:					
TOTAL ACREAGE: MATERIAL TO BE MINED: GIRVE					
LAT & LONG DATA SOURCE (GPS (PLEASE GPS ENTRANCE GATE) OR MAP INTERPOLATION):					
LATITUDE: DEGREES MINUTES SECONDS LONGITUDE: DEGREES MINUTES SECONDS					
/4 OF /4 OF SECTION , TOWNSHIP , RANGE					
ATTACH A USGS QUAD MAP, EXTENDING % MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523).					
CITY: Crystal Springs County: Copiah Springs 29059					
STREET: 1001 Dago Hill Road					
MINE PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):					
CONTACT PHONE NUMBER: (601 , 892-6200					
CONTACT NAME & POSITION: MICRAGI MORTIS/OPERATIONS IMANAGER					

MINE INFORMATION

MINE SITE NAME: Krystal Gravel Inc., Johnson Mine

IF CHECKED YES TO MINE DEWATERING, FILL OUT BELOW

IS MINE COVERED UNDER VALID NPDES DISCHARGE PERMI	T FOR MINE DEWATE	RING?	YES	NO
PERMIT NO. MS				
ESTIMATED DEWATERING VOLUME:	_(GAL/DAY)			
NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE	E MONITORING REPO	RTS (DMRs), IF	DIFFERENT FR	OM SIGNATORY:
I certify under penalty of law that this document and all attachments we to assure that qualified personnel properly gathered and evaluated the system, or those persons directly responsible for gathering the informat and complete. I am aware that there are significant penalties for submiviolations. Authorized Signature	information submitted. ion, the information subm itting false information, i	Based on my inqui nitted is, to the bes	ry of the person at of my knowled	or persons who manage ge and belief, true, accur
Michael Morris	Operations Manager			
Printed Name	Title			
 This application shall be signed according to the General Permit, Act 1 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 princi officer, the mayor, or ranking elected official. Duly Authorized Representative 		Chief, E MDEQ, P.O. Box	Office of Pollut	Permits Division





