MAJOR MODIFICATION FORM FOR MINING GENERAL PERMIT Coverage No. MSR32 <u>2857</u> County <u>Ucorn</u>



INSTRUCTIONS	
Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the acreage or "footprint" of an existing mining activity or modify the existing mining operation. This form must be submitted when (check all that apply):	
SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered mining activity	
"Footprint" identified in the original MNOI is proposed to be enlarged (a modified SWPPP and an updated USGS topographic map must be submitted)	
Mine dewatering is proposed	Mine dewatering has been discontinued
Closed loop wash operations are proposed	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 MDEO. 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.	
COVERAGE RECIPIENT INFORMATION	
COVERAGE RECIPIENT CONTACT PERSON: YBuddy ayrs	
COVERAGE RECIPIENT CONTACT PERSON: 4 STATE: M5 ZIP: 38834	
STREET OR P.O. BOX: 202 auers Road	
CITY: Corinth	STATE: M.S. ZIP: 38834
PHONE NUMBER: [6/62-287-2296	EMAIL ADDRESS: buddy Ayers @ bellsouth Ne
PROJECT INFORMATION	
FORMER ACREAGE: 3 ADDITION TOTAL ACREAGE: 4 GEOLOGY APPLICATION/PERMIT NO. Q2-0:	AL ACREAGE TO BE DISTURBED:O- MINE NAME: Kyle Menes 31 CITY: Corenth COUNTY: Alcard
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. Signature (must be signed by coverage recipient)	
Buddy Ayers Printed Name	Date Vice President Title
Please submit this form to: Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261	

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Jackson, Mississippi 39225