



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32

MINING GENERAL PERMIT FORMS PACKAGE

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These standard forms are used to apply for permit coverage under the Mining General Permit (MSR32) and for submittals and record keeping after permit coverage has been granted. The forms are in Adobe format on our website at http://www.deq.state.ms.us/MDEQ.nsf/page/epd_epdgeneral?OpenDocument Required information can be completed on screen, saved or printed and signed.

General Permit MSR32 does not authorize the discharge of mine process generated wastewater or take the place of an Office of Geology Surface Mining Permit.

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

**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 (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.

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 USGS quadrangle map, or a copy, indicating the site location and outfalls, and a SWPPP must be included with the MNOI submittal. Additional submittals may include the following (check all that apply).

- Notice of Exempt Operations Form
- Section 404 Documentation
- Dam/Reservoir Safety Permit or Written Authorization

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

APPLICANT IS THE: OPERATOR LANDOWNER (Must check one or both)

OPERATOR INFORMATION

OPERATOR CONTACT PERSON: _____

OPERATOR COMPANY NAME: _____

OPERATOR STREET OR P. O. BOX: _____

OPERATOR CITY: _____ STATE: _____ ZIP: _____

OPERATOR PHONE NUMBER (_____) _____ EMAIL ADDRESS: _____

LANDOWNER INFORMATION

LANDOWNER CONTACT PERSON: _____

LANDOWNER COMPANY: _____

LANDOWNER STREET OR P. O. BOX: _____

LANDOWNER CITY: _____ STATE: _____ ZIP: _____

LANDOWNER PHONE NUMBER : (_____) _____ EMAIL ADDRESS: _____

MINE INFORMATION

| | |
|--|--|
| NAME OF MINE: _____ | |
| STREET ADDRESS OR NEAREST NAMED ROAD: _____ | |
| NEAREST CITY: _____ | COUNTY: _____ |
| _____/4 OF _____/4 OF SECTION _____, TOWNSHIP _____, RANGE _____ | |
| ATTACH A USGS QUAD MAP, EXTENDING ½ MILE BEYOND FACILITY, OUTLINING THE MINE BOUNDARIES (Maps can be obtained from the Mississippi Office of Geology. For information call 601-961-5523). | |
| LATITUDE: ____ degrees ____ minutes ____ seconds | LONGITUDE: ____ degrees ____ minutes ____ seconds |
| METHOD USED TO DETERMINE LAT & LONG (GPS (Please GPS Entrance Gate) or Map Interpolation): _____ | |
| TOTAL ACREAGE: _____ | MATERIAL TO BE MINED: _____ |
| WILL HYDRAULIC DREDGING BE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO | WASHING OF SAND/GRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RECEIVING STREAM: _____ | |
| 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 on MDEQ's web site: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ESTIMATED START DATE: _____ | HUC CODE (FOR MDEQ USE ONLY): _____ |

COMPLETE IF STORM WATER DISCHARGE IS PROPOSED

| |
|--|
| STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE: _____ |
| ATTACH A STORM WATER POLLUTION PREVENTION PLAN (SEE PERMIT FOR REQUIREMENTS) |
| IDENTIFY THE ASSOCIATION OR GENERIC SWPPP ON FILE AT MDEQ: _____ |
| _____ |

COMPLETE IF WASTEWATER RECIRCULATION SYSTEM WITH NO DISCHARGE IS PROPOSED

| |
|---|
| 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(S): _____ (FT ³) |

COMPLETE IF MINE DEWATERING IS PROPOSED

| |
|--|
| ESTIMATED DEWATERING VOLUME: _____ (GAL/DAY) |
| NAME AND ADDRESS OF THE RECIPIENT OF THE DISCHARGE MONITORING REPORTS (DMRs), IF DIFFERENT FROM SIGNATORY: _____ _____ |

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). _____ GEOLOGY APPLICATION/PERMIT NO. _____

LIST OTHER GEOLOGY PERMIT NUMBERS THAT APPLY TO COVERAGE AREA _____

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 601-961-5527.

LIST ANY LOCAL STORM WATER ORDINANCES WITH WHICH THE OPERATIONS MUST COMPLY AND SUBMIT ANY

ASSOCIATED APPROVAL DOCUMENTATION. _____

IF AN IMPOUNDMENT 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 the impoundment meets 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.

Authorized Signature¹

Date

Printed Name

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.

Please submit this form to:

Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF GEOLOGY
Mining and Reclamation Division
P. O. Box 2279
Jackson, Mississippi 39225-2279
(601) 961-5527

NOTICE OF EXEMPT OPERATION

This form shall be filed with the Office of Geology, Mining and Reclamation Division **only** for operations affecting **4** acres or less **and greater** than **1320** feet from another mine. **NOTE:** Local, county, federal or other state agencies may also require permits before mining can be done on your site. This is *your* responsibility.

Name of applicant/operator: _____
Mailing address: _____
Telephone number: _____

Do you have any **other** exempt mining operations on file? [] yes [] no
Do you plan to file for a **permit** and expand this site later? [] yes [] no

LOCATION

_____ 1/4 of _____ 1/4 of Section _____, Township _____ Range _____ County _____

Include a map or aerial photo marked with site location with this form.

Name of land owner: _____
Mailing address: _____
Telephone number _____

Date operation to begin _____ Date operation to end (estimated) _____
Material to be mined _____ Number of acres to be mined _____ (A)*
Total acres to be affected by operation (mine, roads, storage, etc.) _____ (B)*
Is operation **closer** than 1,320 feet (1/4 mile) to another mine? [] no [] yes (C*)
Is there a **Dam** present and/or one to be constructed onsite? [] no [] yes

***If items A or B exceed 4 acres or you answered YES to C above, you need to apply for a MINING PERMIT.**

Applicant/operator: _____ By _____
Signature

Date: _____ Position _____

For Office of Geology use only

Date: _____ By _____

Mining and Reclamation Division

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**COVERAGE NUMBER (MSR32 _____) INSPECTION YEAR _____
 ANNUAL STORM WATER SITE INSPECTION REPORT FORM
 MINING GENERAL PERMIT**



Results of the inspections required by ACT7 of this permit shall be recorded on this report form and submitted annually (postmarked no later than the 28th day of January). In addition, copies of all completed forms shall be retained on-site or locally available. Inspections must be performed monthly and after a 2-year, 24-hour storm event (approx. 6-inches on Gulf Coast to 4-inches at MS/TN State Line). The coverage number must be listed at the top of all Site Inspection Report Forms.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: _____ MINE NAME: _____
 MINE LOCATION: _____ GEOLOGY APPLICATION/PERMIT NO. _____
 NEAREST PROJECT CITY: _____ COUNTY: _____
 MAILING ADDRESS: _____
 MAILING CITY: _____ STATE: _____ ZIP: _____
 CONTACT PERSON: _____ CONTACT PHONE NUMBER: _____

INSPECTION DOCUMENTATION

| DATE (mm/dd/yy) | TIME (hh:mm AM/PM) | AFTER 2-YEAR, 24-HOUR STORM EVENT? (CHECK IF YES) | ANY DEFICIENCIES? (CHECK IF YES) | INSPECTOR(S) |
|--------------------|-----------------------|--|-------------------------------------|--------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | | <input type="checkbox"/> | <input type="checkbox"/> | |

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): _____

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): _____

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the MNOI and SWPPP information on file with MDEQ is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 fines and imprisonment for knowing violations.

 Authorized Signature

 Date

 Printed Name

 Title

Please submit this form to:
 Chief, Environmental Compliance and Enforcement Division
 MDEQ, Office of Pollution Control
 P.O. Box 2261
 Jackson, Mississippi 39225

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MAJOR MODIFICATION FORM FOR MINING GENERAL PERMIT

Coverage No. MSR32 _____ County _____



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):

- | | |
|--|---|
| <input type="checkbox"/> SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered mining activity | <input type="checkbox"/> Mine dewatering has been discontinued |
| <input type="checkbox"/> "Footprint" identified in the original MNOI is proposed to be enlarged (a modified SWPPP and an updated USGS topographic map must be submitted) | <input type="checkbox"/> Closed loop wash operations have been discontinued |
| <input type="checkbox"/> Mine dewatering is proposed | |
| <input type="checkbox"/> Closed loop wash operations are proposed | |

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.

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: _____

COMPANY NAME: _____

STREET OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER : _____ EMAIL ADDRESS: _____

PROJECT INFORMATION

ADDITIONAL ACREAGE TO BE DISTURBED: _____ TOTAL ACREAGE: _____

MINE NAME: _____ GEOLOGY APPLICATION/PERMIT NO. _____

CITY: _____ COUNTY: _____

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)

Date

Printed Name

Title

Please submit this form to:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

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Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
 For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

| | | | | | |
|--|---|---|---|--------------------------|--------------------------|
| <p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p style="padding-left: 40px;">Street: _____</p> <p style="padding-left: 40px;">City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: _____</p> | <p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone _____</p> | | | | |
| <p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> | <p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> | | | | |
| <p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description:</p> | <p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p> | | | | |
| <p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p> | <p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p> | | | | |
| <p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print New Permittee¹ Name</p> <p>_____</p> <p>New Authorized Signature²</p> <p>_____</p> <p>Title</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print Previous Permittee¹ Name</p> <p>_____</p> <p>Previous Authorized Signature²</p> <p>_____</p> <p>Title</p> </td> </tr> <tr> <td style="border: none; text-align: center;"> <p>_____</p> <p>Date</p> </td> <td style="border: none; text-align: center;"> <p>_____</p> <p>Date</p> </td> </tr> </table> | | <p>_____</p> <p>Print New Permittee¹ Name</p> <p>_____</p> <p>New Authorized Signature²</p> <p>_____</p> <p>Title</p> | <p>_____</p> <p>Print Previous Permittee¹ Name</p> <p>_____</p> <p>Previous Authorized Signature²</p> <p>_____</p> <p>Title</p> | <p>_____</p> <p>Date</p> | <p>_____</p> <p>Date</p> |
| <p>_____</p> <p>Print New Permittee¹ Name</p> <p>_____</p> <p>New Authorized Signature²</p> <p>_____</p> <p>Title</p> | <p>_____</p> <p>Print Previous Permittee¹ Name</p> <p>_____</p> <p>Previous Authorized Signature²</p> <p>_____</p> <p>Title</p> | | | | |
| <p>_____</p> <p>Date</p> | <p>_____</p> <p>Date</p> | | | | |

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

| | |
|--|---|
| <p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p> | <p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p> |
|--|---|

Item XII. Permit(s) and/or Coverage(s) to be Transferred

| | |
|---|---|
| <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> | <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> |
|---|---|

| | |
|---|---|
| <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> | <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> |
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| | |
|---|---|
| <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> | <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> |
|---|---|

| | |
|---|----------------------------------|
| <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> | <p>OTHER INFORMATION:</p> |
|---|----------------------------------|

Request for Termination (RFT) of Coverage



Mining General NPDES Permit No. **MSR32** _____ County _____
(Fill in your Certificate of Coverage Number and County)

Use this form to request coverage termination only after mining activities have permanently stopped and permanent erosion and sediment controls are successfully established. Inspections must continue until the coverage recipient receives written notice of coverage termination by MDEQ.

Please check which of the following apply:

- Non-Exempt Mining Operation (copy of Permit Board Order, authorizing 90% or final release of mining performance bond attached)
- Exempt Mining Operation (as defined in MDEQ's Mississippi Surface Mining and Reclamation Rules and Regulations)

(Please Print or Type)

| | | |
|--|---------------------|------------|
| Facility Name: _____ | Closure Date: _____ | |
| Physical Site Street Address (if not available, indicate nearest named road): _____ _____ | | |
| City: _____ | County: _____ | |
| Landowner Company Name: _____ | | |
| Landowner Company Contact Name and Position: _____ | | |
| Street Address / P.O. Box: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Tel. # (____) _____ | | |
| Operator Company Name (if different than owner): _____ | | |
| Operator Contact Name and Position: _____ | | |
| Street/ Address / P.O. Box: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Tel. # (____) _____ | | |

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 fines and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with industrial activity under this general permit. Discharging pollutants in storm water associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

| | | | |
|-------------------------|-----------|-----------|-------------|
| _____ | _____ | _____ | _____ |
| Authorized Name (Print) | Telephone | Signature | Date Signed |

- 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 principal executive officer, mayor, or ranking elected official.

After signing please mail to: Environmental Permits Division, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

Revision: 06/26/12