

MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32

MINING GENERAL PERMIT FORMS PACKAGE

•	MINING NOTICE OF INTENT (MNOI)	3
•	NOTICE OF EXEMPT OPERATION	8
•	SITE INSPECTION REPORT AND CERTIFICATION FORM	10
•	MAJOR MODIFICATION FORM	. 12
•	REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE AND/OR NAME CHANGE	. 14
•	REQUEST FOR TERMINATION (RFT) OF COVERAGE	. 17

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.mdeq.ms.gov/wp-content/uploads/2016/02/Mining Forms Package.pdf Required information can be completed on screen, 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.



Rec'd via email: 08/08/2025

AI: 89453 MSR323095

MINING NOTICE OF INTENT (MNOI) FOR COVERAGE UNDER MINING STORM WATER, DEWATERING AND NO DISCHARGE GENERAL PERMIT MSR32 3095 (Number to be assigned by State)

(14umper to be ass	ighter by State)
File at least 30 days prior to the commencement of mining; (SWPPP) is already on file and mine dewatering is <u>not</u> properties the submittal of the Major modification of the existing SWPPP to include the expansion water associated with mining or the operation of a wasteway written notification of coverage from MDEO is a violation of the coverage from MDEO is a violation of covera	posed. Lateral expansion of an existing mine that has or Modification Form, not a new MNOI. However, on is required. <u>Discharge of storm water or impounded</u> ater recirculation system with no discharge without
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 Secretar	ry 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 compa Secretary of State.	any name as it is registered with the Mississippi
Please indicate the activities to be covered by this MNOI (cl	heck 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 discharge impounded mine water (dewatering) and/or oper discharge.	the applicant proposes to discharge storm water, ate a wastewater recirculation system with no
A site-specific Storm Water Pollution Prevention Plan (SW General Permit and a United States Geological Survey (USC location and outfalls must be included with the MNOI subn shown on all copies. Quadrangle maps can be obtained from Additional submittals may include the following (check all t	GS) quadrangle map or photocopy, indicating the site nittal. The name of the quadrangle map must be n the MDEQ, Office of Geology at 601-961-5523.
Section 404 Documentation	Notice of Exempt Operations Form
Dam/Reservoir Safety Permit or Written Authorizatio	n
ALL INFORMATION MUST BE COMPLET	ED (indicate "N/A" where not applicable)

O.C

Revised 2/16/201	

MSR32 3095

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE:			
OWNER CONTACT INFORMATION			
OWNER CONTACT PERSON: 2ach Simmons			
OWNER COMPANY LEGAL NAME: 2ach Simmons & Terry Lee Simmons Jr.			
OWNER STREET OR P. O. BOX: 1010 CR 148			
OWNER CITY: New Albany STATE: MS ZIP: 38652			
OWNER PHONE #: (662) 790 - 3216 OWNER EMAIL: N/A			
OPERATOR CONTACT INFORMATION			
OPERATOR CONTACT PERSON: Reed Hill			
OPERATOR COMPANY LEGAL NAME: X CAVATORS I nc.			
OPERATOR STREET OR P. O. BOX: 20831 A Hwy 15 N			
OPERATOR CITY: Falkner STATE: M5 ZIP: 38629			
OPERATOR PHONE #: (662) 587-9116 OPERATOR EMAIL: Reed @ X cavators-inc. com			
MINE INFORMATION			
MINE NAME: Simmons Pit			
MINE SITE ADDRESS (If the physical address is not available, please indicate nearest named road.)			
Street: 1143 CR-143			
City: New Albany State: MS County: Union Zip: 38652			
NW 1/4 OF SE 1/4 OF SECTION 11, TOWNSHIP 6 South, RANGE 3 East			
MINE SITE TRIBAL LAND ID (N/A If not applicable): ///			
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: 34 degrees 34 minutes 22 seconds LONGITUDE: 88 degrees 57 minutes 2.99 seconds			
LAT & LONG DATA SOURCE (GPS (Please GPS Entrance Gate) or Map Interpolation):			
LAT & LONG DATA SOURCE (GPS (Please GPS Entrance Gate) or Map Interpolation): MATERIAL TO BE MINED:			
WILL HYDRAULIC DREDGING BE USED? YES NO			
WASHING OF SAND/GRAVEL? YES XNO			

ESTIMATED START DATE: 2025-09-02	ESTIMATED END DATE: 2028-09-02
SIC CODE 16 11 and 16 29	NAICS CODE 237990 YYYY-MM-DD
	AM INFORMATION
NEAREST NAMED RECEIVING STREAM: Unamed	to Cane Creek
IS RECEIVING STREAM ON MISSISSIPPI'S 303(D) LIST OBODIES? (The 303(d) list of impaired waters and TMDL streathtp://www.deq.state.ms.us/MDEQ.nsf/page/TWB_1	m segments may be found of MDEQ's website:
HAS A TMDL BEEN ESTABLISED FOR THE RECEIVING	STREAM SEGMENT? YES NO
COMPLETE IF STORM WATI	ER DISCHARGE IS PROPOSED
ATTACH A STORM WATER POLLUTION PREVENTION	PLAN (SEE PERMIT FOR REQUIREMENTS)
IDENTIFY THE ASSOCIATION OR GENERIC SWPPP ON	FILE AT MDEO: N/A
	VATER RECIRCULATION CHARGE IS PROPOSED
DISTANCE BETWEEN RECIRCULATION POND(S) AND F (MUST BE AT LEAST 150 FEET)	PROPERTY LINE: MA (FT)
NUMBER OF RECIRCULATION POND(S): 1	
STORAGE CAPACITY OF EACH RECIRCULATION PONI	D(S):(FT ³)
	WATERING IS PROPOSED
ESTIMATED DEWATERING VOLUME:	(GAL/DAY)
NAME AND ADDRESS OF THE RECIPIENT OF THE DISC DIFFERENT FROM SIGNATORY:	CHARGE MONITORING REPORTS (DMRs), IF

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.

1			
	WILL THE CONSTRUCTION OR OPERATION OF THIS MINE INVOLVE THE RE-	ROUTING, FILLING OR CROSSING OF A WATER	
l	CONVEYANCE OF ANY KIND? YES NO	ivements. If the mine requires a Corns of Frances	
If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements. If the mine requires a Corps of Engineer Section 404 permit, provide appropriate documentation with this MNOI that:			
١	 The mine has been approved by individual permit, or The work will be covered by a nationwide permit and NO NOTIFICATION to the C 	orps is required, or	
	The work will be covered by a nationwide or general permit and NOTIFICATION to	128	
		ICATION/PERMIT NO. //A	
l	LIST OTHER GEOLOGY PERMIT NUMBERS THAT APPLY TO COVERAGE AREA	NIA	
١	*		
	IS THE MINE LESS THAN 4 ACRES AND GREATER THAN 1320 FEET FROM ANO	THER MINE?	
	YES A "Notice of Exempt Operations" Form must be included with the MNOI if previously submitted to the Office of Geology.	or proof of prior submission,	
	NO A "Notice of Intent to Mine Class I or Class II Materials" Form must be f General Permit. For information on Office of Geology requirements, call (
	LIST ANY LOCAL STORM WATER ORDINANCES WITH WHICH THE OPERATIO	ONS MUST COMPLY AND SUBMIT ANY	
ı	ASSOCIATED APPROVAL DOCUMENTATION		
	IF IMPOUNDMENTS WILL BE CONSTRUCTED ABOVE NATURAL SURFACE ELE FOLLOWING APPLY.	EVATIONS, INDICATE WHICH, IF ANY, OF THE	
The impoundment will be constructed with a peripheral dam or levee 8 feet or greater in height, measured from the lowest elevation			
	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 str	ructures.	
	If <u>any</u> of the impoundments meet any of the above criteria, the applicant will be required Division before coverage will be granted under the Mining General Permit.	to obtain written authorization from MDEQ, Dam Safety	
	I certify under penalty of law that this document and all attachments were prepared with a system designed to assure that qualified personnel properly gathered and inquiry of the person or persons who manage the system, or those persons distinformation submitted is, to the best of my knowledge and belief, true, accurate	d evaluated the information submitted. Based on rectly responsible for gathering the information, t	
	penalties for submitting false information, including the possibility of fine and in		
	1641411	8-5-2025	
	Authorized Signature ¹ Date		
	Read Hill	PM	
	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 offic Duly Authorized Representative 	er, 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		
	O HOLLOWING ALALOWING PLACE OF THE CONTROL OF THE C		

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

OFFICE OF GEOLOGY

Mining and Reclamation Division P. O. Box 2279

Jackson, Mississippi 39225-2279 (601) 961-5515

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: X cavators Inc. Mailing address: 20831 A Hwy 15 N		
Telephone number: Falkner, M5 38629 662 - 587 - 9116		
Do you have any other exempt mining operations on file? [X] yes [] no Do you plan to file for a permit and expand this site later? [] yes [X] no		
LOCATION		
NW 1/4 of SE 1/4 of Section 11, Township 6 South Range 3 East County Union		
Include <u>a map</u> or aerial photo <u>marked</u> with site location with this form.		
Name of land owner: Mailing address: Albuny		
Telephone number 662-790-3216		
Date operation to begin 69-02-2025 Date operation to end (estimated) 69-02-2028 Material to be mined Fill Dirf Number of acres to be mined 3,5 (A)* Total acres to be affected by operation (mine, roads, storage, etc.) 3,9 (B)* Is operation closer than 1,320 feet (1/4 mile) to another mine? [X] no [] yes*		
*If items A or B exceed 4 acres or you answered YES above, you need to apply for a MINING PERMIT.		
Applicant/operator: X cavators Inc. By Signature		
Date: <u>8-5-2025</u> Position <u>PM</u>		
For Office of Geology use only		
Date: By Division Director		
Mining and Reclamation Division Form MRD- 9 rev. 08/05		
8		





