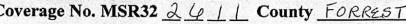
MAJOR MODIFICATION FORM FOR MINING GENERAL PERMIT Coverage No. MSR32 2 4 1 County FORREST





INSTRUCTIONS	
Coverage recipients shall notify the Mississippi Departs "footprint" of an existing mining activity or modify the eall that apply);	ment of Environmental Quality of plans to expand the acreage or xisting mining operation. This form must be submitted when (check
SWPPP details have been developed and are reac mining activity	ly for MDEQ review for subsequent phases of an existing, covered
"Footprint" identified in the original MNOI is pr topographic map must be submitted)	oposed to be enlarged (a modified SWPPP and an updated USGS
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 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 RE	CIPIENT INFORMATION
COVERAGE RECIPIENT CONTACT PERSON: De	AVID BELLEW
COMPANYNAME: JD BELLEW 1	MATERIALS
STREET OR P.O. BOX: 172 BLUE LA	
CITY: PETAL	STATE: MS 710. 39465
PHONE NUMBER: (601) 270-0645 E	MAIL ADDRESS: jd bellewmaterials@gmail.com
PROJECT INFORMATION	
ADDITIONAL ACREAGE TO BE DISTURBED: 15 MINE NAME: BREWER CITY: PETAL	3 total acreage: 25 geology application/permit no. P93-078 county: FORREST
inquiry of the person or persons who manage the system, information submitted is, to the best of my knowledge and by penalties for submitting false information, including the possing signature (must be signed by coverage recipient) DAVID BELLEW Printed Name Please submit this form to: Chief, Environmental Permits	Date DWNER Title

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