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MAJOR MODIFICATION TO THE FOR MINING GENERAL PERMIT Coverage No. MSR32 2 5 Q County S VA PSO S CONTROLLED TO THE PROPERTY OF THE PROPERTY OF



Coverage recipients shall notify the Mississippi Depart "footprint" of an existing mining activity or modify the eall that apply):	ment of Environmental Quality of plans to expand the acreage or existing mining operation. This form must be submitted when (check	
SWPPP details have been developed and are read mining activity	ly for MDEQ review for subsequent phases of an existing, covered	
"Footprint" identified in the original MNOI is propagation to 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:	ANDY BECK MAN	
COMPANY NAME: NORTH SIMPS		
STREET OR P.O. BOX: 376 OLD	SRAUFI 49	
STREET OR P.O. BOX: 376 OLD CITY: MEY DEVIAL	STATE: <u>MG</u> ZIP: 39/14	
PHONE NUMBER: 601-347-9500 F	EMAIL ADDRESS:	
60 1-382-6990 PROJEC		
FORMER ACREAGE: 4 ADDITIONAL TOTAL ACREAGE: 14	ACREAGE TO BE DISTURBED:	
TOTAL ACREAGE: 14	MINE NAME: BECKLISM MIPE	
GEOLOGY APPLICATION/PERMIT NO.	CITY: MENTOEN WALL COUNTY: MGIMPSON	
with a system designed to assure that qualified personnel principle of the person or persons who manage the system.	achments were prepared under my direction or supervision in accordance properly gathered and evaluated the information submitted. Based on my or those persons directly responsible for gathering the information, the belief, true, accurate and complete. I am aware that there are significant	
Signature (must be signed by coverage recipient)	Date 1/20/25	
Printed Name PAYDY BECKLIAN	Title	
Please submit this form to: Chief, Environmental Permit MS Department of Environmental	ts Division mental Quality, Office of Pollution Control	
P.O. Box 2261 Jackson, Mississippi 39225		

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