AI #15106

michael

RECEIVED
JUN 27 2014
Dept. of Environmental Quality

MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

READY-MIX CONCRETE GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA READY-MIX CONCRETE GENERAL PERMIT MSG11

GENERAL NPDES COVERAGE NO. MSG11 0 1 7 2

INSTRUCTIONS

The submittal of this form is required to receive coverage under the Ready-Mix Concrete Multimedia General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 90 days of the date of the Letter of Instruction for Re-Coverage.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants.

The applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Ready-Mix Concrete Forms Package. Facilities that continue to discharge wastewater and/or operate air emission equipment without applicable permit coverage are in violation of state law.

This recoverage form is not required to be submitted if the facility is submitting a request for termination of coverage.

ALL INFORMATION REQUESTS MUST BE ANSWERED (Answer "NA" if not applicable).

Certificate of Coverage should be mailed to:	☐	owner/operator	☑	facility (please check one)
Discharge Monitoring Reports should be mailed to:	☑	owner/operator	☐	facility (please check one)

☑ OWNER ☐ OPERATOR INFORMATION (CHECK ONE OR BOTH)

CONTACT NAME & POSITION: Charles Piwowarski, Area Environmental Manager

COMPANY NAME: Hanson Pipe & Precast

STREET OR P.O. BOX: 840 West Avenue

CITY: Deland STATE: Florida ZIP: 32720

PHONE NUMBER (INCLUDE AREA CODE): 386-734-6228

FACILITY/SITE INFORMATION

FACILITY NAME: Hanson Pipe & Precast - Como

CONTACT NAME & POSITION: Stephen Knotts, Plant Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): (662) 526-0368

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

(3 2 7 2) Concrete Pipe & Precast

BATCHING TYPE: ☑ WET ☐ DRY ☐ CENTRAL MIX

PLANT PRODUCTION RATE: 7.18 **cubic yards/hr**

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: 2377 Holston Road

CITY: Como **COUNTY:** Panola **ZIP:** 38619

PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFALL (If no discharge, provide the coordinates of the plant entrance. Attach additional pages, if necessary.)

LATITUDE: 34 **degrees** 28 **minutes** 51.2 **seconds** **LONGITUDE:** 89 **degrees** 55 **minutes** 28.5 **seconds**

LATITUDE: ____ **degrees** ____ **minutes** ____ **seconds** **LONGITUDE:** ____ **degrees** ____ **minutes** ____ **seconds**

NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE WILL ENTER: Unnamed Tributary to McIvor Canal

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1.	IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	☑ YES	☐ NO
2.	IF BASED ON INDUSTRY GENERIC SWPPP, IS IT THE MOST RECENT COPY?	☐ YES	☐ NO
3.	DOES THE SWPPP MEET THE REQUIRMENTS LISTED IN ACTS 13 AND/OR 19 OF THE GENERAL PERMIT? IF NO, PLEASE ATTACH THE AMENDMENT SWPPP	☑ YES	☐ NO

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 further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to emit regulated air emissions and discharge wastewater or storm water associated with industrial activity under this general permit. I understand that discharging pollutants associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

Authorized Signature[1] **Date Signed** 06/26/2014

Charles Piwowarski **Printed Name**[1] Area Environmental Manager **Title**

[1]**This application for re-coverage shall be signed according to ACT25, T-5 of the General Permit, 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:

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