

AI # 73308
GNP20180001



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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MAR 02 2018

Dept. of Environmental Quality

READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI)

FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE

GENERAL NPDES PERMIT MSG11 0328

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED INDUSTRIAL ACTIVITY

INSTRUCTIONS

Applicant must be 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.

Submittals with this RMCNOI must include:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with industrial activity, developed in accordance with the requirements of ACT13 of the General Permit
- A detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-2 of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523
- Plans and specifications for any wastewater treatment facilities necessary to achieve compliance with the requirements of this permit

Additional submittals that may be required with the RMCNOI:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with construction activity, developed in accordance with the requirements of ACT19 of the General Permit.
- Appropriate Section 404 documentation
- If storm water discharges associated with construction activity are proposed, a detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-3 of the General Permit.
- Where previous sampling and analyses have been performed, copies of any existing laboratory data for each process wastewater outfall and each stormwater outfall. If multiple sampling has been performed, provide a summary for each parameter, including sampling dates and the minimum, average and maximum values.

ALL QUESTIONS MUST BE ANSWERED (Answer "NA" if not applicable)

OWNER INFORMATION

IS APPLICANT THE OWNER OPERATOR (Check one or both)

OWNER CONTACT NAME & POSITION: Mr. Les Howell, Vice President and Chief Engineer

OWNER COMPANY NAME: Delta Industries, Inc.

OWNER STREET OR P.O. BOX: P.O. Box 1292

OWNER CITY: Jackson

STATE: MS

ZIP: 39215

OWNER PHONE NUMBER (INCLUDE AREA CODE): 601-573-3933

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: same as owner

OPERATOR COMPANY: _____

OPERATOR STREET OR P.O. BOX: _____

OPERATOR CITY: _____

STATE: _____

ZIP: _____

OPERATOR PHONE NUMBER (INCLUDE AREA CODE): _____

FACILITY INFORMATION

FACILITY NAME: TriState Ready-Mix Hernando Plant

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

STREET: Industrial Road

CITY: Hernando

COUNTY: Desoto

ZIP: 38632

NATURE OF BUSINESS (INCLUDE 4 - DIGIT STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)):

Primary SIC Code: 3273

Secondary SIC Code: 3271, 3272

LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY: None

PLANT PRODUCTION RATE: 150 cubic yards/hr

RECEIVING STREAM: UT of Mussacuna Creek

STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

INDICATE ANY ASSOCIATION OR GENERIC SWPPP: See Attached Site Specific SWPPP

LIST ANY MATERIAL HANDLING EQUIPMENT, RAW MATERIALS, INTERMEDIATE PRODUCTS, FINAL PRODUCTS, WASTE MATERIALS, BY-PRODUCTS, OR INDUSTRIAL MACHINERY EXPOSED TO STORM WATER (attach additional pages, if necessary): Petroleum (oil, fuel, etc), Cement, Aggregate, Admixtures, Equipment, Concrete, and Concrete Washout

STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY (To be completed only for activities in which 1 (one) acre or greater will be disturbed)

PRIME CONTRACTOR NAME: To be covered under Construction SWPPP

PRIME CONTRACTOR COMPANY: NA

PRIME CONTRACTOR STREET OR P.O. BOX: NA

PRIME CONTRACTOR CITY: NA

STATE: NA

ZIP: NA

PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA CODE): NA

TOTAL ACREAGE THAT WILL BE DISTURBED: NA

ESTIMATED START DATE: NA

ESTIMATED COMPLETION DATE: NA

INDICATE ANY LOCAL ORDINANCE REQUIREMENTS: NA

