

ATI #75502
Gnp20190001
MDEQ



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READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI)
FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE
GENERAL NPDES PERMIT MSG11 0332
(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. Jeff Bross

OWNER COMPANY NAME: Mark Twain Redi-Mix

OWNER STREET OR P.O. BOX: P.O. Box 430

OWNER CITY: Hannibal STATE: MO ZIP: 63401

OWNER PHONE NUMBER (INCLUDE AREA CODE): (573) 221-5958

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OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Mr. Jeff Bross

OPERATOR COMPANY: Mark Twain Redi-Mix

OPERATOR STREET OR P.O. BOX: P.O. Box 430

OPERATOR CITY: Hannibal STATE: MO ZIP: 63401

OPERATOR PHONE NUMBER (INCLUDE AREA CODE): (573) 221-5958

FACILITY INFORMATION

FACILITY NAME: Mark Twain Redi-Mix Plant

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

STREET: 4277 Highway 51 CITY: Horn Lake

COUNTY: DeSoto ZIP: 38637

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

Primary SIC Code: 3273 Secondary SIC Code: 327320

LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY: Not applicable

PLANT PRODUCTION RATE: 150 cubic yards/hr

RECEIVING STREAM: Not applicable, no process water

STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

INDICATE ANY ASSOCIATION OR GENERIC 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): _____

STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

(To be completed only for activities in which 1 (one) acre or greater will be disturbed)

PRIME CONTRACTOR NAME: David Nelson

PRIME CONTRACTOR COMPANY: Core5 Industrial Partners

PRIME CONTRACTOR STREET OR P.O. BOX: 1230 Peachtree St. NE Suite 3560

PRIME CONTRACTOR CITY: Atlanta STATE: GA ZIP: 30309

PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA CODE): (404) 262-5405

TOTAL ACREAGE THAT WILL BE DISTURBED: 24.49

ESTIMATED START DATE: June 1, 2019 ESTIMATED COMPLETION DATE: August 1, 2019

INDICATE ANY LOCAL ORDINANCE REQUIREMENTS: N/A

PROCESS WASTEWATER DISCHARGES

DESCRIBE THE TYPE OF WASTEWATER TREATMENT: _____

PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFALL (attach additional pages, if necessary):

LATITUDE: _____ degrees _____ minutes _____ seconds LONGITUDE: _____ degrees _____ minutes _____ seconds

PROVIDE THE PROPOSED FREQUENCY OF DISCHARGE PER OUTFALL: _____

PROVIDE THE PROPOSED VOLUME OF WASTEWATER DISCHARGED PER OUTFALL (gal/day): _____

PROVIDE A MATERIAL SAFETY DATA SHEET ON ALL CHEMICALS USED WHICH POTENTIALLY COULD BE FOUND IN THE WASTEWATER: _____

AIR EMISSIONS

TYPE OF BATCHING: ☒ WET ☐ DRY ☐ CENTRAL MIX

WILL WATER SPRAYS BE USED AT THE FOLLOWING LOCATIONS? STOCKPILES: ☐ YES ☒ NO

AGGREGATE BINS: ☐ YES ☒ NO CONVEYOR TRANSFER POINTS: ☐ YES ☒ NO

CEMENT SILO INFORMATION: NUMBER OF CEMENT SILOS: 2
LOADING METHOD OF SILO: Pneumatic
VOLUME OF EACH SILO: 680 and 500 cubic yards

FACILITY ROADS WILL BE: ☐ PAVED ☒ WATER SPRINKLED ☐ OTHER (SPECIFY) _____

CUBIC YARDS OF RAW MATERIALS INPUT INTO PLANT:
SAND 17,500 ROCK 22,500 CEMENT 15,000

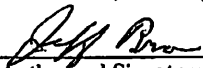
DOES THIS FACILITY UTILIZE ON-SITE ROCK CRUSHERS? ☐ YES ☒ NO

IF YES, ARE THEY: ☐ PERMANENT ☐ PORTABLE

NOTE: If this NOI includes the construction of new air emissions sources, the approval to construct will expire if construction does not begin within eighteen (18) months from the date of coverage issuance or if construction begins and is suspended for eighteen (18) months or more.

CERTIFICATION

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 fine and imprisonment for knowing violations.


Authorized Signature¹

Jeff Bross
Printed Name¹

May 8, 2019
Date Signed

President
Title

¹This application 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, the mayor, or ranking elected official.

Please submit the RMCNOI form to:

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