



## HOT MIX ASPHALT GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA HOT MIX ASPHALT GENERAL PERMIT MSR70 GENERAL NPDES COVERAGE NO. MSR70 0 0 0 4

## INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Hot Mix Asphalt Multimedia General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

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.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package.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 maile	d to:	✓ owner/operator		facility	(please check one)
	COVERAGE REC	CIPIENT INFORMAT	ION	2 2	
CONTACT NAME & POSITION: Gary C.	Tanner, President				
COMPANY NAME: Tanner Construction C	Company, Inc.				
STREET OR P.O. BOX: P.O. Box 460					
CITY: Ellisville	STATE: MS			ZIP: 39437	
PHONE NUMBER (INCLUDE AREA CODI	E): <u>(601) 477-3820</u>				146

FACILITY/SITE INFORM	AHON			
FACILITY NAME: Prentiss Asphalt Plant				
CONTACT NAME & POSITION: Byron Burge, General Superintendent				
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 916-6624				
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DI	ESCRIPTION OF IN	DUSTRIAL ACT	IVITY:	
(2 9 5 1) Asphalt and asphaltic mixtures for paving, not made in refine	eries			
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST N	AMED ROAD):			
STREET: U.S. Highway 84 West				
CITY: Prentiss COUNTY: Jefferson Davis		ZIP: 39474		
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:				
LATITUDE: 31 degrees 38 minutes 45.7 seconds LONGITU	DE: 89 degrees 4	16 minutes <u>33.</u>	_ seconds	
NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE V	WILL ENTER: Bow	ie Creek		
AIR EMISSIONS EQUIPM	MENT			
HAS THE FACILITY BEEN MODIFIED IN ANY WAY WHICH COULD AFFECT	THE QUANTITY AN	ND/OR COMPOSI	TION OF AIR	
EMISSIONS (i.e., changed design production capacity, changed fuel(s), changed emis		YES YES	✓ NO	
STORM WATER POLLUTION PREVENT	TION PLAN (SWI	PPP)		
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?		✓ YES	□ NO	
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STOR WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED AMENDA		✓ YES	□ NO	
I certify under penalty of law that this document and all attachments were prepared system designed to assure that qualified personnel properly gathered and evaluated person or persons who manage the system, or those persons directly responsible for the best of my knowledge and belief, true, accurate and complete. I am aware that the information, including the possibility of fines and imprisonment for knowing violation. I further certify that the project continues as described in the original notice of intenterminated I am no longer authorized to emit regulated air emissions and discharge.	the information submit gathering the informationer are significant per ons. it. Also, I certify that I	tted. Based on my lion, the informationalties for submitti understand when	inquiry of the in submitted is, to ing false coverage is	
activity under this general permit. I understand that discharging pollutants associat emitting regulated air emissions without proper permit coverage is in violation of sta		vity to waters of th	e State or	
Day C. Lam November 19, 2009				
Gary C. Tanner	Date Signed			
Printed Name	President Title			
<ul> <li>This application for re-coverage shall be signed according to ACT23, T-5 of the General Perm</li> <li>For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive officer, mayor, or ran</li> </ul>				
After signing please mail to:  Chief, Environmental Permits Division, MS Department of Environmental Quality, P.O. Box 2261	Office of Pollution Cor	atrol		

Jackson, Mississippi 39225