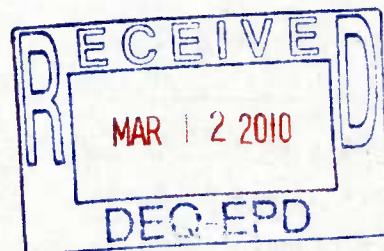


AI #7185



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY



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 2 2

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If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package.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 mailed to:



owner/operator



facility

(please check one)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Lester Williams, President

COMPANY NAME: Dickerson & Bowen, Inc.

STREET OR P.O. BOX: P.O. Box 1008

CITY: Brookhaven STATE: Mississippi ZIP: 39602

PHONE NUMBER (INCLUDE AREA CODE): 601/833-4291

FACILITY/SITE INFORMATION

FACILITY NAME: Dickerson & Bowen, Inc. Carthage Asphalt Plant
 CONTACT NAME & POSITION: Ray Redwine
 CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601/267-5387
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
(2 9 5 1)
 PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: Hwy 16 East
 CITY: Carthage COUNTY: Leake ZIP: 39051
 PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:
 LATITUDE: _____ degrees _____ minutes _____ seconds LONGITUDE: _____ degrees _____ minutes _____ seconds
 NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE WILL ENTER: _____

AIR EMISSIONS EQUIPMENT

HAS THE FACILITY BEEN MODIFIED IN ANY WAY WHICH COULD AFFECT THE QUANTITY AND/OR COMPOSITION OF AIR EMISSIONS (i.e., changed design production capacity, changed fuel(s), changed emission controls, etc.)? ☐ YES ☒ NO

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? ☒ YES ☐ NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED AMENDMENTS. ☒ 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 or emitting regulated air emissions without proper permit coverage is in violation of state law.

Signature Lester Williams
 Printed Name Lester Williams

Date Signed 3/9/10
 Title President

¹This application for re-coverage shall be signed according to ACT23, 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