



## 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 Q Q 6 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If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package.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).

			21
Certificate of Coverage should be mailed to:	x owner/operator	facility	(please check one)
cov	ERAGE RECIPIENT INFORMAT	ION	
CONTACT NAME & POSITION:JAMES BO	OND PRESIDENT		_
COMPANY NAME: BOND PAVING CO.,	INC.		
STREET OR P.O. BOX: P. O. BOX 3147			
CITY: GULFPORT,	STATE: MS	ZIP:	39505
PHONE NUMBER (INCLUDE AREA CODE):	228 863 9894		-

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FACILITY/SITE INFORM	IATION		
FACILITY NAME: BOND PAVING CO., INC.			
CONTACT NAME & POSITION: JAMES BOND, PRESIDENT			
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 228 863 9894			
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & D	DESCRIPTION OF IND	OUSTRIAL ACT	TIVITY:
(2 9 5 1) Drum Mix Plant—Asphalt Manufacturer			
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST N	NAMED ROAD):		
STREET: 14430 CREOSOTE ROAD			
CITY: GULFPORT COUNTY: HARRISON		ZIP: 395	03
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:			
LATITUDE: 30 degrees 25 minutes 39 seconds LONGITU	UDE: 89 degrees 04	4 minutes 5	9 seconds
NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE	WILL ENTER: <u>Indus</u>	strial Sea	мау
AIR EMISSIONS EQUIPM	MENT		
HAS THE FACILITY BEEN MODIFIED IN ANY WAY WHICH COULD AFFECT	T THE QUANTITY AND	D/OR COMPOS	ITION OF AIR
EMISSIONS (i.e., changed design production capacity, changed fuel(s), changed emi	ssion controls, etc.)?	☐ YES	▼ NO
STORM WATER POLLUTION PREVEN	TION PLAN (SWPI	PP)	
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?		X YES	□ NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STOI WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED AMEND		X 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 information, including the possibility of fines and imprisonment for knowing violati.  I further certify that the project continues as described in the original notice of interterminated I am no longer authorized to emit regulated air emissions and discharge activity under this general permit. I understand that discharging pollutants associal emitting regulated air emissions without proper permit coverage is in violation of st	the information submitted gathering the information there are significant pensions. int. Also, I certify that I is wastewater or storm wanted with industrial activ	ed. Based on my on, the informati alties for submitt understand when ter associated w	y inquiry of the on submitted is, to ting false n coverage is ith industrial
Annual Brook and emissions without proper permit coverage is in violation of st	March 16,	2011	
Signature'	Date Signed		

<sup>1</sup>This 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:

JAMES BOND

Printed Name<sup>1</sup>

Chief, Environmental Permits Division,

MS Department of Environmental Quality, Office of Pollution Control

President Title

P.O. Box 2261

Jackson, Mississippi 39225