

AI #2521
Gnp20110001



JUN 13 2011

HOT MIX ASPHALT NOTICE OF INTENT (HMANOI)
FOR COVERAGE UNDER MULTIMEDIA HOT MIX ASPHALT
GENERAL NPDES PERMIT MSR70 0099
(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 60 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 HMANOI must include:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with industrial activity, developed in accordance with the requirements of ACT11 of the General Permit
- A detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-2 (4) 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
- Contiguous landowner notification (ACT4, S-5) and/or proof of public notice (ACT4, S-4)

Additional submittals that may be required with the HMANOI:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with construction activity, developed in accordance with the requirements of ACT17 of the General Permit.
- 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 (2) of the General Permit.
- Appropriate Section 404 documentation from the U.S. Army Corps of Engineers
- Where previous sampling and analyses have been performed, copies of any existing laboratory data for each storm water 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)

APPLICANT IS THE:

☒ OWNER

☒ OPERATOR

(Check one or both)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: DAVID SANFORD/ ENVIRONMENTAL MANAGER

OWNER COMPANY NAME: W.E.BLAIR & SONS, INC.

OWNER STREET OR P.O. BOX: 1208

OWNER CITY: MT. OLIVE

STATE: MS

ZIP: 39119

OWNER PHONE NUMBER (INCLUDE AREA CODE): (601)-797-4551

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: SAME AS OWNER

OPERATOR COMPANY: SAME AS OWNER

OPERATOR STREET OR P.O. BOX: SAME AS OWNER

OPERATOR CITY: SAME AS OWNER STATE: MS ZIP: 39119

OPERATOR PHONE NUMBER (INCLUDE AREA CODE): SAME AS OWNER

FACILITY INFORMATION

FACILITY NAME: BAILEY ROAD ASPHALT PLANT

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

STREET: 2050 BAILEY ROAD CITY: GEORGETOWN

COUNTY: COPIAH ZIP: 39078

LATITUDE: 31 degrees 53 minutes 48 seconds

LONGITUDE: 90 degrees 15 minutes 53 seconds

METHOD USED TO DETERMINE LAT & LONG (GPS of Plant Entrance or Map Interpolation): MAP

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

Primary SIC Code: 2951

Secondary SIC Code: _____

LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY: NONE

RECEIVING STREAM: TRIBUTARY OF COPIAH CREEK/ PEARL RIVER BASIN

STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

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): STOCKPILES OF SAND, GRAVEL, RECLAIMED HOT MIX ASPHALT, STORAGE TANKS, EQUIPMENT USED

IN THE OPERATIONS TO PRODUCE HOT MIX ASPHALT.

STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

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

PRIME CONTRACTOR NAME: _____

PRIME CONTRACTOR COMPANY: _____

PRIME CONTRACTOR STREET OR P.O. BOX: _____

PRIME CONTRACTOR CITY: _____ STATE: _____ ZIP: _____

PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA CODE): _____

TOTAL ACREAGE THAT WILL BE DISTURBED: _____

ESTIMATED START DATE: _____

ESTIMATED COMPLETION DATE: _____

INDICATE ANY LOCAL ORDINANCE REQUIREMENTS: _____

AIR EMISSIONS

EMISSION POINT REF. NO./NAME: AA-001 TYPE OF PLANT: ☐ BATCH ☒ DRUM

MANUFACTURERS NAME AND MODEL NO.: BARBERGREENDM60 DATE PLANT MANUFACTURED: 1980

PRODUCTION: Rated capacity of dryer 320 tons/hour Normal max. rate 225 tons/hour Annual 220 tons/yr

DRYER: Length 48 feet Diameter: 7 feet

BURNER: Manufacturers Name and Model No.: HAUCK375 Rated Capacity: 82.4MM Btu/hour

PRIMARY FUEL: ☐ Gas ☒ Oil ☐ Other (specify): _____

CONSUMPTION: Gas _____ ft³/hour Oil 650 gal/hour Other (specify units) _____

HEAT VALUE: Gas _____ Btu/ft³ Oil 40,000 Btu/gal Other (specify units) _____

SULFUR CONTENT: LT.5 % ASH CONTENT: 0.3 % DENSITY OF FUEL OIL (if applicable): 7.2 lb/ft³

AUXILIARY FUEL: ☒ Gas ☐ Oil ☐ Other (specify): _____

CONSUMPTION: Gas _____ ft³/hour Oil _____ gal/hour Other (specify units) 905GPH

HEAT VALUE: Gas 1000 Btu/ft³ Oil _____ Btu/gal Other (specify units) _____

SULFUR CONTENT: _____ % ASH CONTENT: _____ % DENSITY OF FUEL OIL (if applicable): _____ lb/ft³

DOES THIS EMISSION POINT HAVE AIR POLLUTION CONTROL EQUIPMENT? ☒ YES ☐ NO

IF YES, DESCRIBE: CMI BAG HOUSE

ARE THE SHAKER SCREENS HOODED AND VENTED TO AIR EMISSION CONTROL SYSTEM: ☐ YES ☒ NO

ARE THE HOT ELEVATOR AND BINS VENTED TO THE AIR EMISSION CONTROL SYSTEM: ☐ YES ☒ NO

IN-PLANT ROADS WILL BE: ☒ Water-Sprinkled ☐ Paved ☐ Other, describe: _____

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.

James Brewer
Authorized Signature

JAMES BREWER
Printed Name

6-7-11
Date Signed

U.P.
Title

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

Please submit the HMANOI form to:

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