





## READY-MIX CONCRETE GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA READY-MIX CONCRETE GENERAL PERMIT MSG11 GENERAL NPDES COVERAGE NO. MSG11 0 1 8 0

## **INSTRUCTIONS**

The submittal of this form is required to receive coverage under the Ready-Mix Concrete Multimedia General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 90 days of the date of the Letter of Instruction for Re-Coverage.

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.

The applicant must be the 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.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Ready-Mix Concrete Forms Package.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 Discharge Monitoring Reports should		owner/operator owner/operator	facility facility	(please check one) (please check one)
✓ OWNER □	OPERATOR I	NFORMATION (CH	ECK ONE OR BO	TH)
CONTACT NAME & POSITION: Les How	vell VP and	Chief Engineer		
COMPANY NAME: Delta Industries, Inc.				Line of 1
STREET OR P.O. BOX: PO Box 1292			A PORT AND THE	
CITY: Jackson	STATE: M	S	ZIP: 39215	
PHONE NUMBER (INCLUDE AREA CO	DE); (601) 292-3933			

## **FACILITY/SITE INFORMATION**

FACILITY NAME: Gulf States Ready-Mix Plant 10					
CONTACT NAME & POSITION: dim double Division Manager					
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (228) 896-7400					
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:					
( 3 2 7 3 ) Ready-Mix Concrete					
BATCHING TYPE: WET  DRY CENTRAL MIX					
PLANT PRODUCTION RATE: 140 cubic yards/hr					
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED	PROAD):				
STREET: 10121 South Park Drive	The second second second				
CITY: Gulfport COUNTY: Harrison	ZIP: 39503				
PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTF, plant entrance. Attach additional pages, if necessary.)	ALL (If no discharge, provide the coordinates of the				
LATITUDE: See degrees App minutes C seconds LONGITUDE	E: degrees minutes seconds				
LATITUDE: See degrees App minutes C seconds LONGITUDE:degrees minutes seconds					
NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE WILL ENTER: Unnamed ditch to Bernard Bayou					
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)					
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	✓ YES NO				
2. IF BASED ON INDUSTRY GENERIC SWPPP, IS IT THE MOST RECENT COPY? YES VO					
3. DOES THE SWPPP MEET THE REQUIRMENTS LISTED IN ACTS 13 AND/OR 19 OF THE GENERAL PERMIT? IF NO, PLEASE ATTACH THE AMENDMENT SWPPP  ✓ 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 helief, 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 without NPDES coverage is in violation of state law.					
The Charge	6/23/2014				
Authorized Signature	Date Signed 1				
Lester R. Howell, Jr.	VP and Chief Engineer				
Printed Name	Title				
<sup>1</sup> This application for re-coverage shall be signed according to ACT25, T-5 of the General Permit, - 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					

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