AI#1504



RECEIVED MAR 1 3 2015

Dept. 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 1 1

## **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If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package.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 storm water and/or operate air emissions 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)
COVER	RAGE RECIPIENT INFORMAT	ION	
CONTACT NAME & POSITION: Brian Moore	Environmental Manager		
COMPANY NAME: APAC-Mississippi, Inc.			
STREET OR P.O. BOX: P.O. Box 24508			
CITY: Jackson	STATE: MS	ZIP: 39225	<u> 2936</u>   mil
PHONE NUMBER (INCLUDE AREA CODE): (60			

	FACILITY/SITE	EINFORMATION		
FACILITY NAME: Old Meric	dian Asphalt Plant Site			
CONTACT NAME & POSITIO	N: Brian Moore Environ	mental Manager		
CONTACT PHONE NUMBER (II	NCLUDE AREA CODE): (601)	376-4000		
PRIMARY STANDARD INDUS		) CODE & DESCRIPTION OF IN	DUSTRIAL AC	TIVITY:
(2 9 5 1) Aspiral F	avilig wixtures and blocks	•		
PHYSICAL SITE ADDRESS (IF STREET: 4412 Interchang	F NOT AVAILABLE INDICATE e Road	NEAREST NAMED ROAD):		
CITY: Meridian	CITY: Meridian COUNTY: Lauderdale ZIP: 39301			
	ES OF THE PLANT ENTRANCE	:		
LATITUDE: 32 degrees 21	minutes 17 3 seconds	LONGITUDE: 88 degrees	43 minutes 19	9.8 seconds
		THE SITE WILL ENTER: Gal		
NEAREST NAMED WATERDO	JOI GIORNI WAILN ELAVINO			
	AIR EMISSION	NS EQUIPMENT		
HAS THE FACILITY BEEN MOD	OFFIED IN ANY WAY WHICH CO	ULD AFFECT THE QUANTITY A	ND/OR COMPOS	ITION OF AIR
EMISSIONS (i.e., changed design production capacity, changed fuel(s), changed emission controls, etc.)?				✓ NO
ADETHEDE ANY STATIONARY	INTERNAL COMBUSTION ENG	INFS AT THE PLANT.	T YES	✓ NO
If YES, list type(s) (e.g., combustion	ignition, spark ignition), horsepow	er, and date(s) of manufacture for ea	ach:	
ST	ORM WATER POLLUTION	PREVENTION PLAN (SWI	PPP)	
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?			X YES	□ NO
	TE AND EFFECTIVE IN CONTRO F NO, PLEASE ATTACH REQUIR		X YES	□ NO
assure that qualified personnel proper system, or those persons directly respo and complete. I am aware that there a violations.  I further certify that the project conti- longer authorized to emit regulated a	rly gathered and evaluated the informa onsible for gathering the information, the are significant penalties for submitting for nues as described in the original notice air emissions and discharge wastewater	epared under my direction or supervision tion submitted. Based on my inquiry of the information submitted is, to the best of false information, including the possibility of intent. Also, I certify that I understate or storm water associated with industry waters of the State or emitting regular	of the person or per f my knowledge and ty of fines and impri and when coverage it ial activity under the	sons who manage to belief, true, accurationment for knowing terminated I amonis general permit.
Chy Sel		3/10/15 Date Signed		
Signature Poud				
Dwayne Boyd		President		
<sup>1</sup> This application for re-coverage shall - For a corporation, by a responsible - For a partnership, by a general pal - For a sole proprietorship, by the pil	rtner.	e General Permit, as follows:		
After signing please mail to:	Chief, Environmental Permits Div			