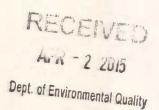
AI #67574 GnP20150001





READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI)

FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE GENERAL NPDES PERMIT MSG11 03 14

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 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 RMCNOI must include:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with <u>industrial</u> activity, developed in accordance with the requirements of ACT13 of the General Permit
- A detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-2 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
- Plans and specifications for any wastewater treatment facilities necessary to achieve compliance with the requirements of this permit

Additional submittals that may be required with the RMCNOI:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with <u>construction</u> activity, developed in accordance with the requirements of ACT19 of the General Permit.
- Appropriate Section 404 documentation
- 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 of the General Permit.
- Where previous sampling and analyses have been performed, copies of any existing laboratory data for each
 process wastewater outfall and each stormwater 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)

OWNER INFORMATION

IS APPLICANT THE	✓ OWNER	✓ OPERATOR	(Check one or both)	
OWNER CONTACT NA	ME & POSITION: Andr	ew Shirk		
OWNER COMPANY NA	ME: East Mississippi C	oncrete		
OWNER STREET OR P.	O. BOX: 11515 Paulette	Road		
OWNER CITY: Macon			STATE: MS	ZIP: 39341
OWNER PHONE NUMB	ER (INCLUDE AREA C	ODE): 662-361-0135		

OPERATOR	INFORMATION			
OPERATOR CONTACT NAME & POSITION: Mark Schrock				
OPERATOR COMPANY: East Mississippi Concrete				
OPERATOR STREET OR P.O. BOX: 11515 Paulette Road				
OPERATOR CITY: Macon	STATE: MS ZIP: 39341			
OPERATOR PHONE NUMBER (INCLUDE AREA CODE): 66				
FACILITY I	NFORMATION			
FACILITY NAME: East Mississippi Concrete				
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE	THE NEAREST NAMED ROAD):			
STREET: 11515 Paulette Road	CITY: Macon			
COUNTY: Noxubee	ZIP: 39341			
NATURE OF BUSINESS (INCLUDE 4 – DIGIT STANDARD IN	DUSTRIAL CLASSIFICATION CODE (SIC)):			
Primary SIC Code: 3273	Secondary SIC Code: N/A			
LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY				
PLANT PRODUCTION RATE: 50cubic yards/hi				
RECEIVING STREAM: Unnamed Tributary of Tibby Creek				
STORMWATER ASSOCIATED	D WITH INDUSTRIAL ACTIVITY			
INDICATE ANY ASSOCIATION OR GENERIC SWPPP: None				
LIST ANY MATERIAL HANDLING EQUIPMENT, RAW MATE MATERIALS, BY-PRODUCTS, OR INDUSTRIAL MACHINE necessary): Sand/Gravel Batcher, Sand/Gravel Conveyor, Cemen	RIALS, INTERMEDIATE PRODUCTS, FINAL PRODUCTS, WASTE CRY EXPOSED TO STORM WATER (attach additional pages, if t Silo, Gravel Pit, Sand Pit			
	WITH CONSTRUCTION ACTIVITY hich 1 (one) acre or greater will be disturbed)			
PRIME CONTRACTOR NAME: N/A. Less than 1 Acre to be	disturbed. See attached drawing number 14-284-001			
PRIME CONTRACTOR COMPANY:				
PRIME CONTRACTOR STREET OR P.O. BOX:				
PRIME CONTRACTOR CITY:	STATE: ZIP:			
	CODE):			
TOTAL ACREAGE THAT WILL BE DISTURBED:				
ESTIMATED START DATE: ESTIMATED COMPLETION DATE:				
INDICATE ANY LOCAL ORDINANCE REQUIREMENTS:				

PROCESS WASTEWATER DISCHARGES DESCRIBE THE TYPE OF WASTEWATER TREATMENT: No Process Wastewater Treatment. PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFALL (attach additional pages, if necessary): LATITUDE: 33 degrees 05 minutes 11.7 seconds LONGITUDE: 88 degrees 27 minutes 7.6 seconds PROVIDE THE PROPOSED FREQUENCY OF DISCHARGE PER OUTFALL: None Anticipated. PROVIDE THE PROPOSED VOLUME OF WASTEWATER DISCHARGED PER OUTFALL (gal/day): 0 PROVIDE A MATERIAL SAFETY DATA SHEET ON ALL CHEMICALS USED WHICH POTENTIALLY COULD BE FOUND IN THE WASTEWATER: See attached material safety data sheet for portland cement. AIR EMISSIONS WET V DRY TYPE OF BATCHING: CENTRAL MIX STOCKPILES: WILL WATER SPRAYS BE USED AT THE FOLLOWING LOCATIONS? 1 NO CONVEYOR TRANSFER POINTS: YES YES AGGREGATE BINS: CEMENT SILO INFORMATION: NUMBER OF CEMENT SILOS: 1 (one) LOADING METHOD OF SILO: Pneumatic **VOLUME OF EACH SILO: 78** cubic yards FACILITY ROADS WILL BE: PAVED WATER SPRINKLED / OTHER (SPECIFY) Concrete & Gravel Surface CUBIC YARDS OF RAW MATERIALS INPUT INTO PLANT: SAND 60 cubic yards ROCK 60 cubic yards CEMENT 78 cubic yards DOES THIS FACILITY UTILIZE ON-SITE ROCK CRUSHERS? PERMANENT PORTABLE IF YES, ARE THEY: 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 hegins 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. 3-31-15 Date Signed Authorized Signature Andrew Shirk Proprietor

¹This application shall be signed according to ACT25, 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 RMCNOI form to:

Printed Name

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

Title

P.O. Box 2261

Jackson, Mississippi 39225