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form must l	sions source. This fo	mental Quality of plans to expan		
	-	check all that apply). Copies o	Il notify the Mississippi Department of Environ facility, waive the siting criteria of an existing op the following activities is/are being proposed Notification Forms shall accompany this Majo	existing hot mix asphalt facility, submitted when any of the foll
5 topographi	an updated USGS t	e enlarged (a modified SWPPP a	entified in the original HMANOI is proposed to l ubmitted).	"Footprint" identified map must be submitted
		ACT5 of the General Permit.	ests waiver of facility siting criteria prescribed in	Applicant requests wa
				-
		- ·	conditions of the General Permit, only upon rec	
	ashle)	ED (indicate "N/A" where not an	ALL INFORMATION MUST BE COMPLET	ALT
	cable)	ED (indicade 197A where not ap)	ALL INFORMATION MUST BE COMPLET	ALL.
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			ENT CONTACT PERSON: Frank Ford	
}	_{ZIP:} 39466	STATE: Mississippi	ENT CONTACT PERSON: Frank Ford	COMPANY NAME: Huey S STREET OR P.O. BOX: P.C
3	ZIP: 39466		ENT CONTACT PERSON: Frank Ford	COMPANY NAME: Huey S STREET OR P.O. BOX: P.C CITY: Picayune
5	ZIP: 39466	STATE: Mississippi	ENT CONTACT PERSON: Frank Ford luey Stockstill, Inc x: P.O.Box 758	COMPANY NAME: Huey S STREET OR P.O. BOX: P.C CITY: Picayune
6	ZIP: 39466	STATE: Mississippi	ENT CONTACT PERSON: Frank Ford luey Stockstill, Inc x: P.O.Box 758 AREA CODE): 601-798-2981	COMPANY NAME: Huey S STREET OR P.O. BOX: P.C CITY: Picayune PHONE # (INCLUDE AREA O
5		STATE: Mississippi	ENT CONTACT PERSON: Frank Ford luey Stockstill, Inc K: P.O.Box 758 AREA CODE): 601-798-2981 PROJECT INFO GENERAL PERMIT COVERAGE NUMBER:	COMPANY NAME: Huey S STREET OR P.O. BOX: P.C CITY: Picayune PHONE # (INCLUDE AREA O
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op t ti	rmit. A different of ized to implement t	a ACT5 of the General Permit. sippi's Hot Mix Asphalt General ied. Coverage recipients are auth	ubmitted). nests waiver of facility siting criteria prescribed in nds to construct new air emissions source(s) d by the current coverage recipient under Missis erage transferred prior to coverage being modif	map must be submitted Applicant requests wai

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.

Signature (must be signed by coverage recipient)

Frank Ford

Printed Name

Please submit this form to:

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

Date

Safety Director,

Title