LW mp20150003 **MAJOR MODIFICATION FORM** FOR HOT MIX ASPHALT GENERAL PERMIT MSR70 AUG 20 2015 **INSTRUCTIONS** Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the recipients or "footprint" of an existing hot mix asphalt facility, waive the siting criteria of an existing operation, or construct a new air emissions source. This form must be submitted when any of the following activities is/are being proposed (check all that apply). Copies of the signed Return-Receipts and Contiguous Landowner Notification Forms shall accompany this Major Modification Form in accordance with ACI4, S-7 of the General Permit. "Footprint" identified in the original HMANOI is proposed to be enlarged (a modified SWPPP and an updated USGS topographic map must be submitted). Applicant requests waiver of facility siting criteria prescribed in ACT5 of the General Permit. Applicant intends to construct new air emissions source(s) This form must be signed by the current coverage recipient under Mississippi's Hot Mix Asphalt General Permit. A different operator must have general permit coverage transferred prior to coverage being modified. Coverage recipients are authorized to implement the proposed modifications, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ. ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable) **COVERAGE RECIPIENT INFORMATION** COVERAGE RECIPIENT CONTACT PERSON: Frank Ford COMPANY NAME Huey P. Stockstill LLC STREET OR P.O. BOX: P.O.Box 758 ZIP 39466 CITY. Picayune STATE Mississippi PHONE # (INCLUDE AREA CODE): 601-798-2981 **PROJECT INFORMATION MSR70 0002** HOT MIX ASPHALT GENERAL PERMIT COVERAGE NUMBER: ADDITIONAL ACREAGE TO BE DISTURBED: 0 TOTAL ACREAGE: DESCRIBE PROPOSED SITING CRITERIA WAIVER: N/A

LIST NEW AIR EMISSIONS SOURCES: Rock Crusher, Concrete Crusher, RAP Crusher

FACILITY NAME: Huey P. Stockstill LLC, Gulfport Plant

CITY: Gulfport

COUNTY: Harrison

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.

Signature (must be signed by coverage recipient)

Frank Ford

Printed Name

8-18-15 Date

Safety Director,

Title

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