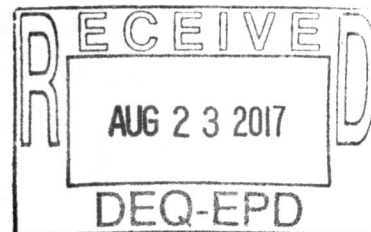


AFI #3639
Gnp20170001



READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI)
FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE
GENERAL NPDES PERMIT MSG11 0321
(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 industrial 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 construction 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 NAME & POSITION: Jay Matthew DeVoss; President

OWNER COMPANY NAME: Jackson Precast Inc.

OWNER STREET OR P.O. BOX: 3325 Lawson Street

OWNER CITY: Jackson STATE: MS ZIP: 39213

OWNER PHONE NUMBER (INCLUDE AREA CODE): 601.321.8787

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Ben Patterson, Project Manager

OPERATOR COMPANY: Jackson Precast Inc.

OPERATOR STREET OR P.O. BOX: 3325 Lawson Street

OPERATOR CITY: Jackson STATE: MS ZIP: 39213

OPERATOR PHONE NUMBER (INCLUDE AREA CODE): 601.321.8787

FACILITY INFORMATION

FACILITY NAME: Jackson Precast Inc.

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD):

STREET: 3325 Lawson Street CITY: Jackson

COUNTY: Hinds ZIP: 39213

NATURE OF BUSINESS (INCLUDE 4 – DIGIT STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)):

Primary SIC Code: 3272 Secondary SIC Code: _____

LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY: Baseline Storm Water General Permit

PLANT PRODUCTION RATE: 2 cubic yards/hr

RECEIVING STREAM: Tributary of Eubanks Creek

STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

INDICATE ANY ASSOCIATION OR GENERIC SWPPP: SWPPP is provided along with this application.

LIST ANY MATERIAL HANDLING EQUIPMENT, RAW MATERIALS, INTERMEDIATE PRODUCTS, FINAL PRODUCTS, WASTE MATERIALS, BY-PRODUCTS, OR INDUSTRIAL MACHINERY EXPOSED TO STORM WATER (attach additional pages, if necessary): Has been provided in attached SWPPP

STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

(To be completed only for activities in which 1 (one) acre or greater will be disturbed)

PRIME CONTRACTOR NAME: _____

PRIME CONTRACTOR COMPANY: _____

PRIME CONTRACTOR STREET OR P.O. BOX: _____

PRIME CONTRACTOR CITY: _____ STATE: _____ ZIP: _____

PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA 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: _____

PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFALL (attach additional pages, if necessary):

LATITUDE: _____ degrees _____ minutes _____ seconds LONGITUDE: _____ degrees _____ minutes _____ seconds

PROVIDE THE PROPOSED FREQUENCY OF DISCHARGE PER OUTFALL: _____

PROVIDE THE PROPOSED VOLUME OF WASTEWATER DISCHARGED PER OUTFALL (gal/day): _____

PROVIDE A MATERIAL SAFETY DATA SHEET ON ALL CHEMICALS USED WHICH POTENTIALLY COULD BE FOUND IN THE WASTEWATER: _____

AIR EMISSIONS

TYPE OF BATCHING: ☐ WET ☐ DRY ☐ CENTRAL MIX

WILL WATER SPRAYS BE USED AT THE FOLLOWING LOCATIONS? STOCKPILES: ☐ YES ☐ NO

AGGREGATE BINS: ☐ YES ☐ NO CONVEYOR TRANSFER POINTS: ☐ YES ☐ NO

CEMENT SILO INFORMATION: NUMBER OF CEMENT SILOS: _____

LOADING METHOD OF SILO: _____

VOLUME OF EACH SILO: _____ cubic yards

FACILITY ROADS WILL BE: ☐ PAVED ☐ WATER SPRINKLED ☐ OTHER (SPECIFY) _____

CUBIC YARDS OF RAW MATERIALS INPUT INTO PLANT:

SAND _____ ROCK _____ CEMENT _____

DOES THIS FACILITY UTILIZE ON-SITE ROCK CRUSHERS? ☐ YES ☐ NO

IF YES, ARE THEY: ☐ PERMANENT ☐ PORTABLE

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 begins 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.

Jay Matthew DeVoss
Authorized Signature¹

8-21-17
Date Signed

Jay Matthew DeVoss
Printed Name¹

President
Title

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:

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