

AEI # 72956
GMP 20170001



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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MDEQ

READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI) FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE GENERAL NPDES PERMIT MSG11 0325

(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: Dennis Pierce CEO

OWNER COMPANY NAME: American Concrete Products

OWNER STREET OR P.O. BOX: 257 WL Runnels Industrial Road

OWNER CITY: Hattiesburg

STATE: MS

ZIP: 39401

OWNER PHONE NUMBER (INCLUDE AREA CODE): 601-583-2274

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Kent Jordan Vice President
OPERATOR COMPANY: American Concrete Products
OPERATOR STREET OR P.O. BOX: 257 WL Runnels Industrial Road
OPERATOR CITY: Hattiesburg STATE: MS ZIP: 39401
OPERATOR PHONE NUMBER (INCLUDE AREA CODE): 601-583-2274

FACILITY INFORMATION

FACILITY NAME: American Concrete Products Hattiesburg Plant
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD):
STREET: 257 WL Runnels Industrial Road CITY: Hattiesburg
COUNTY: Forrest ZIP: 39401
NATURE OF BUSINESS (INCLUDE 4 - DIGIT STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)):
Primary SIC Code: 3271 Secondary SIC Code: _____
LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY: _____
PLANT PRODUCTION RATE: _____ cubic yards/hr
RECEIVING STREAM: _____

STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

INDICATE ANY ASSOCIATION OR GENERIC SWPPP: SWPPP Included
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): Sand, Expanded Clay Aggregate, Gravel, Finished Product (Concrete Block or CMU)

STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

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

PRIME CONTRACTOR NAME: NA
PRIME CONTRACTOR COMPANY: NA
PRIME CONTRACTOR STREET OR P.O. BOX: NA
PRIME CONTRACTOR CITY: NA STATE: _____ ZIP: _____
PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA CODE): NA
TOTAL ACREAGE THAT WILL BE DISTURBED: NA
ESTIMATED START DATE: NA ESTIMATED COMPLETION DATE: _____
INDICATE ANY LOCAL ORDINANCE REQUIREMENTS: NA

PROCESS WASTEWATER DISCHARGES

DESCRIBE THE TYPE OF WASTEWATER TREATMENT: NO DISCHARGE

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: 1
LOADING METHOD OF SILO: Blower
VOLUME OF EACH SILO: 2500 cubic yards

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

CUBIC YARDS OF RAW MATERIALS INPUT INTO PLANT:
SAND 152 ROCK 152 CEMENT 2500

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.

Kent Jordan
Authorized Signature

8/1/17
Date Signed

Kent Jordan
Printed Name

Vice 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