

RECEIVED

MAR 02 2018

Dept. of Environmental Quality

READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI)

FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE GENERAL NPDES PERMIT MSG11 0 328

(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

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
- 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
- Plans and specifications for any wastewater treatment facilities necessary to achieve compliance with the

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 OPERATOR (Check one or both) OWNER CONTACT NAME & POSITION: Mr. Les Howell, Vice President and Chief Engineer OWNER COMPANY NAME: Delta Industries, Inc. OWNER STREET OR P.O. BOX: P.O. Box 1292 OWNER CITY: Jackson STATE: MS OWNER PHONE NUMBER (INCLUDE AREA CODE): 601-573-3933

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Sa	ime as owner		
OPERATOR COMPANY:			
OPERATOR STREET OR P.O. BOX:			
OPERATOR CITY:	STATE: ZIP:		
OPERATOR PHONE NUMBER (INCLUDE AREA	CODE):		
	CILITY INFORMATION		
FACILITY NAME: TriState Ready-Mix Hernando			
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE			
STREET: Industrial Road CITY: Hernando			
COUNTY: Desoto	ZIP: 38632		
NATURE OF BUSINESS (INCLUDE 4 – DIGIT STA	NDAPD INDUSTRIAL CLASSIFICATION		
NATURE OF BUSINESS (INCLUDE 4 – DIGIT STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)): Primary SIC Code: 3273 Secondary SIC Code: 3271, 3272			
LICT AND OTHER PROPERTY.	Secondary SIC Code: 32/1, 32/2		
LIST ANY OTHER PERMITS NEEDED FOR THE			
LIST ANY OTHER PERMITS NEEDED FOR THIS PLANT PRODUCTION RATE. 150			
PLANT PRODUCTION RATE: 150 cu			
PLANT PRODUCTION RATE: 150 cu RECEIVING STREAM: UT of Mussacuna Creek STORMWATER ASSO	OCIATED WITH INDUSTRIAL ACTIVITY		
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PROCESS WASTEWATER DISCHARGES

DESCRIBE THE TYPE OF WASTEWA	TER TREATMENT: Settling Basin and Filt	ration (check dams, siltfence, etc)
degrees 40 min	GITUDE OF EACH WASTEWATER OUTFAUTES 45.4 seconds LONGITUDE: 89 CY OF DISCHARGE PER OUTFALL: Rain	degrees 58minutes 31.0seconds
	OF WASTEWATER DISCHARGED PER O A SHEET ON ALL CHEMICALS USED WI of the attached SWPPP	UTFALL (gal/day): Rainfall Dependant HICH POTENTIALLY COULD BE FOUND IN
	AIR EMISSIONS	
TYPE OF BATCHING: WET	DRY CENTRAL MIX	
AGGREGATE BINS: YES	HE FOLLOWING LOCATIONS? ST. NO CONVEYOR TRANSFI	
CEMENT SILO INFORMATION: NUM		
	DING METHOD OF SILO: Truck Blower UME OF EACH SILO: (2) 75y3 and (1) 100	0.23
CUBIC YARDS OF RAW MATERIALS I	ED WATER SPRINKLED OT NPUT INTO PLANT: K_TBD CEMENT TBD	HER (SPECIFY) aggregate base
DOES THIS FACILITY UTILIZE ON-SIT	TE ROCK CRUSHERS?	YES V NO
IF YES, ARE THEY: PERM	MANENT PORTABLE	
NOTE: If this NOI includes the construction eighteen (18) months from the date of coverage	of new air emissions sources, the approval to co e issuance or if construction begins and is suspe	nstruct will expire if construction does not begin within aded for eighteen (18) months or more.
	CERTIFICATION	
person or persons who manage the system,	rsonnel properly gathered and evaluated the or those persons directly responsible for gath ue, accurate and complete. I am aware that	der my direction or supervision in accordance with a information submitted. Based on my inquiry of the hering the information, the information submitted is t there are significant penalties for submitting false 03/02/2018 Date Signed
Les Howell Printed Name		Vice President and Chief Engineer
		Title
 For a corporation, by a responsible co For a partnership, by a general partnership, by the prop 	rietor.	
- For a municipal, state or other public	facility, by principal executive officer, the ma	ayor, or ranking elected official.
Please submit the RMCNOI form to:	Chief, Environmental Permits Division MS Department of Environmental Quali P.O. Box 2261 Jackson, Mississippi 39225	ity, Office of Pollution Control