

Al. 84019



READY-MIX CONCRETE NOTICE OF INTENT

COVERAGE NO.: MSG11 0350
(Coverage number will be completed by MDEQ staff.)



Company Name: Deep South Precast, LLC Facility Name: Main facility

Contact Name and Position: Drew St. John - Owner/President

Contact Area Code and Phone Number: (601) 405 - 7557 Contact Email: dstjohn@deepsouthprecast.com

Primary SIC Code: (3272) Primary NAICS Code (6-digit): (327390)

Physical Site Address - Street: 1663 West Peace Street

City: Canton State: MS Zip: 39046 County: Madison

Mailing Address - Street: 1663 West Peace Street

City: Canton State: MS Zip: 39046

Plant Maximum Production Rate: 10 cubic yards/hr

Maximum production rate must be based on the manufacturer's maximum rated plant capacity on an hourly basis.

Will you own or operate a rock crusher at the site? ☐ Yes ☒ No
If a third party will own/operate a rock crusher at your site, mark "No."

Rock Crusher Type / Rated Cumulative Capacity: Fixed: _____ tons/hr Portable: _____ tons/hr N/A

Will you operate stationary fuel burning equipment (e.g., engines, heaters, etc.) at the site? ☐ Yes* ☒ No
*If you marked "Yes" complete and submit the attached Fuel Burning Equipment Form & Compliance Plan.

Will wastewater from the process be discharged directly from the site? ☐ Yes ☒ No

Describe any wastewater treatment or indicate "None": Process water treated and reused in mixer. No site discharge
Plans and specifications for treatment must be attached.

Proposed discharge frequency: zero see attached treatment equip. Proposed discharge volume: Zero gal/day

Provide the Latitude and Longitude of each wastewater outfall:

If no discharge, provide the coordinates of the plant entrance. Attach additional pages, if necessary.

Latitude: 32 deg 36 min 11.73 sec Longitude: 90 deg 4 min 35.06 sec

Nearest named receiving stream: Bear Creek

Is a SWPPP attached that meets the requirements of ACT5 of the RMCGP? ☒ Yes ☐ No

Is the SWPPP based on an Industry Generic SWPPP? ☐ Yes* ☒ No (*Must be most recent version.)

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 fines and imprisonment for knowing violations. I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to emit regulated air emissions and discharge wastewater or storm water associated with industrial activity under this general permit. I understand that discharging pollutants associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

Authorized Signature (shall be signed according to ACT6, T-9 of the GP)

Date Signed

Printed Name

Title

Submit signed form online at www.mdeq.ms.gov/rmcgp or a hard copy to Water II Branch Manager, EPD, MDEQ, PO Box 2261, Jackson, MS 39225

FUEL BURNING EQUIPMENT FORM & COMPLIANCE PLAN

CURRENT COVERAGE NO.: MSG11

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage)

FUEL BURNING EQUIPMENT LIST

List all stationary fuel burning equipment used at the facility. **Do not include** mobile fuel burning equipment (e.g., trucks or forklifts, welding equipment), portable engines that are moved about the site (e.g., pressure washers, welders), or portable engines that will not remain on the site more than 12 months (e.g., temporary generators).

| Equipment Description | Emergency Use Only? (Yes/No) ¹ | Fuel Type | Max. Heat Input/ Power Output | Manufacturer | Manufactured Date or Model Year |
|------------------------------|--|-------------|-------------------------------|---------------|---------------------------------|
| <i>Example only:</i> | | | | | |
| Engine for Generac generator | No | Diesel | 578 hp | Perkins | 2009 |
| Heater for brick drying | No | Natural gas | 6 MMBtu/hr | Sigma Thermal | 2010 |
| None | | | | | |
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¹ Engines qualifying as "emergency" must meet the requirements of Condition L-6 in ACT 3 of the General Permit.

COMPLIANCE PLAN

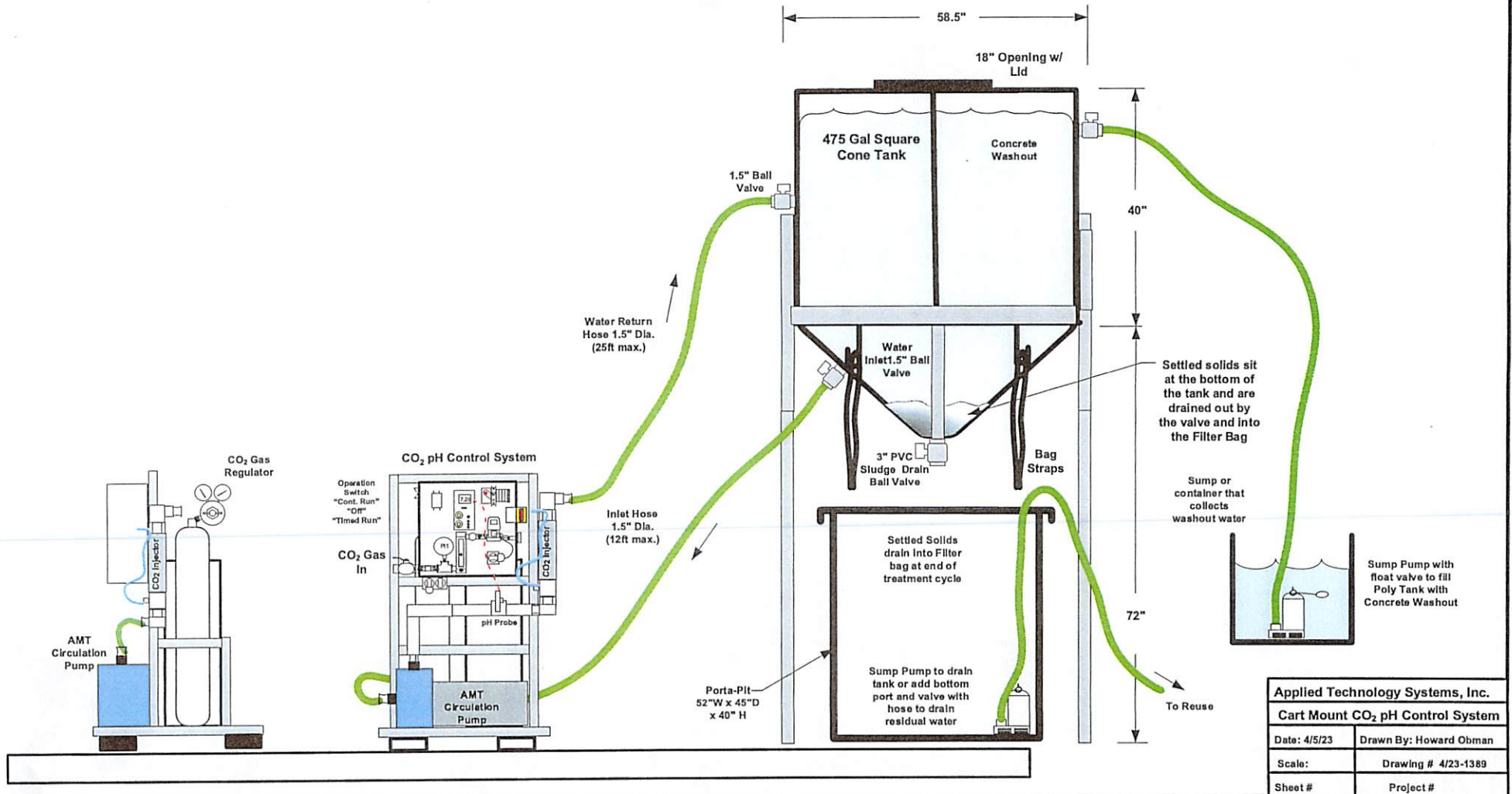
As required by ACT 3, Condition L-7(3) of the General Permit, complete this section if you will have one or more **non-emergency** stationary internal combustion engines at your site.

| Equipment Description (should match description from table above) | Applicable federal standard ¹ | | Emission Standards ² (List all that apply) | Monitoring Requirements ² (List any testing, continuous monitoring and recordkeeping required) |
|--|--|-------------------------------------|--|--|
| | 40 CFR 60, Subpart IIII | 40 CFR 63, Subpart ZZZZ | | |
| Example: Engine for Generac generator | <input type="checkbox"/> | <input checked="" type="checkbox"/> | CO ≤ 49 ppmvd @15 % O ₂ | Conduct CO performance test every 8,760 hrs or 3 yrs whichever comes first; maintain oxidation catalyst so pressure does not change by more than 2" water and catalyst inlet temp. is between 450 – 1,350 °F |
| None | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |

¹ Only mark one. If subject to 40 CFR 60, Subpart IIII, then you have no requirements under 40 CFR 63, Subpart ZZZZ per 40 CFR 63.6590(c)(1).

² EPA has developed a summary table of requirements for these rules at <https://www.epa.gov/stationary-engines/guidance-and-tools-implementing-stationary-engine-requirements>. For purposes of evaluating these requirements, your engine is considered a Non-Emergency Compression Ignition (CI) Internal Combustion Engine (ICE) located at an Area Source.

CO₂ pH Control and Process Tank System to treat Concrete Washout



| | |
|--|------------------------|
| Applied Technology Systems, Inc. | |
| Cart Mount CO ₂ pH Control System | |
| Date: 4/5/23 | Drawn By: Howard Obman |
| Scale: | Drawing # 4/23-1389 |
| Sheet # | Project # |



Permit Application Submittals

Date: Friday May 12, 2023

Project Location: 1663 West Peace Street, Canton, MS 39046

Use this address for all correspondence

Summary of Business We are a specialty architectural precast company specializing in wall blocks, pavers, fire pits and steps. On average we batch 20-30 cy of concrete per day. We are building a new facility and expect to be complete by Mid June. We will be installing and using the Applied Technology Systems process water CO2 Control & Process Tank System to treat our average daily process water of 60-80 gals/day. We will be releasing ZERO process water on our site and we will recycle the treated process water back into the next production days batches.

Our site is included in the Canton Industrial Park and we purchased our property from The Madison County Economic Development Agency. Civil-Link is our Civil Engineer for the project.

You will find enclosed the following documents for your review and use

MS Secretary of State Business in Good Standing document

Ready-Mix Concrete Letter of Intent

Applied Technology Systems – CO2 Control & Process Tank System Equipment

MDEQ Form 5 Baghouse/Fabric Filters L1

½ Mile Radius Topographic Map

Site Plan with Equipment Layout

Stormwater Plan Drawing

Stormwater Plan (SWPPP) Details

Received by _____

Date _____



This is not an official certificate of good standing.

| | | |
|---------------------------|---|-----------|
| Name History | | |
| Name | | Name Type |
| Deep South Precast, LLC | | Legal |
| Business Information | | |
| Business Type: | Limited Liability Company | |
| Business ID: | 1346850 | |
| Status: | Good Standing | |
| Effective Date: | 06/28/2022 | |
| State of Incorporation: | Mississippi | |
| Principal Office Address: | 141 W. Sowell Rd, 141 W. Sowell Rd Madison, MS 39110 | |
| Registered Agent | | |
| Name | | |
| Drew St. John II | | |
| 141 W. Sowell Road | | |
| Madison, MS 39110 | | |
| Officers & Directors | | |
| Name | Title | |
| G. Michael Massey Esq | | |
| Post Office Box 13664 | Organizer | |
| Jackson, MS 39236 | | |
| Drew St John | | |
| 141 W. Sowell Rd | Member | |
| Madison, MS 39110 | | |