



## HOT MIX ASPHALT GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA HOT MIX ASPHALT GENERAL PERMIT MSR70 GENERAL NPDES COVERAGE NO. MSR70 0 0 1 5

## INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Hot Mix Asphalt Multimedia General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package. Facilities that continue to discharge wastewater and/or operate air emission equipment without applicable permit coverage are in violation of state law.

This recoverage form is not required to be submitted if the facility is submitting a request for termination of coverage.

ALL INFORMATION REQUESTS MUST BE ANSWERED (Answer "NA" if not applicable).

Certificate of Coverage should be mailed to:		X owner/operator	[ facility	(please check one)
	COVERAGE I	RECIPIENT INFORMATIO	N	
CONTACT NAME & POSITION:	Tony Broome, F			
COMPANY NAME:	Warren Paving, Inc.			
STREET OR P.O. BOX:	P.O. Box 572			
CITY: Hattiesburg	STATE:	Mississippi	ZIP:	39403
PHONE NUMBER (INCLUDE ARE	A CODE): (601) 5	644-7811		

	FACILITY/SITE INFOR	MATION		
FACILITY NAME:	Warren Paving - Gulfport Plant			
CONTACT NAME & POSITION	N: Steven Warren, Manager			
CONTACT PHONE NUMBER (IN	CLUDE AREA CODE): (228) 896-800	03		
PRIMARY STANDARD INDUS	TRIAL CLASSIFICATION (SIC) CODE &	DESCRIPTION OF IN	DUSTRIAL ACT	IVITY:
(2951) Asphalt F	Paving Mixtures and Blocks			
PHYSICAL SITE ADDRESS (IF	NOT AVAILABLE INDICATE NEAREST	NAMED ROAD):		
STREET: 11211 Reichold	d Road			
CITY: Gulfport	ZIP: 39505			
	S OF THE PLANT ENTRANCE:			
LATITUDE: 30 degrees 25	_minute38seconds LONGI	TUDE: 89 degrees0	1 minute31	seconds
	DDY STORM WATER LEAVING THE SITE			_
TEAREST NAMED WATERS	DI STORM WATER DEATERS THE STA	L WILLIAM TO THE TANK	iai a bayou	The state of the s
	AIR EMISSIONS EQUII	PMENT		
HAS THE FACILITY BEEN MOD	IFIED IN ANY WAY WHICH COULD AFFE	CT THE QUANTITY AN	d/or composi	TION OF AIR
EMISSIONS (i.e., changed design p	roduction capacity, changed fuel(s), changed en	nission controls, etc.)?	YES	X NO
STO	ORM WATER POLLUTION PREVE	NTION PLAN (SWP	PPP)	
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?				□ NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED AMENDMENTS.				□ NO
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system designed to assure that qua person or persons who manage the the best of my knowledge and belie information, including the possibili I further certify that the project co terminated I am no longer authorizactivity under this general permit, emitting regulated air emissions with	this document and all attachments were prepartified personnel properly gathered and evaluate system, or those persons directly responsible feature, accurate and complete. I am aware that yof fines and imprisonment for knowing violantinues as described in the original notice of inced to emit regulated air emissions and dischar I understand that discharging pollutants associthout proper permit coverage is in violation of	ed the information submior gathering the information there are significant perations.  tent. Also, I certify that I ge wastewater or storm we liated with industrial actistate law.	tted. Based on my tion, the informationalties for submitt understand when vater associated wi vity to waters of the	inquiry of the on submitted is, t ing false coverage is the industrial
Signature Stooms	2	$\frac{12-7-6}{\text{Date Signed}}$	9	
		President		
Printed Name <sup>T</sup>	and the state of t	Title		to resident of the contract of
<ul> <li>For a corporation, by a responsible</li> <li>For a partnership, by a general par</li> <li>For a sole proprietorship, by the pr</li> </ul>	tner.			
After signing please mail to:	Chief, Environmental Permits Division, MS Department of Environmental Qualit P.O. Box 2261 Jackson, Mississippi 39225	y, Office of Pollution Cor	ntrol	