

READY-MIX CONCRETE RECOVERY FORM

CURRENT COVERAGE NO.: MSG11 0218 JAN 18 2021

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

Company Name: GULF COAST PRE-STRESS PARTNERS Facility Name: GCP - PASS CHRISTIAN

Contact Name and Position: MIKE SPRULL - OWNER

Contact Area Code and Phone Number: (228) 452-9486 Contact Email: MSPRULL@GCPRESTRESS.COM

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

Physical Site Address - Street: 494 N. MARKET STREET

City: PASS CHRISTIAN State: MS Zip: 39571 County: HARRISON

Mailing Address - Street: PO BOX 825

City: PASS CHRISTIAN State: MS Zip: 39571

Plant Maximum Production Rate: 175 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." The third party is responsible for obtaining any necessary air permits to operate the rock crusher.

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.

Nearest Named Waterbody Which Storm Water Leaving the Site Will Enter: BAYOU PORTAGE

Is a Copy of the SWPPP at the Permitted Site? YES NO SWPPP Date: 2014

If the SWPPP is Based on the Industry Generic SWPPP, is it the Most Recent Copy? YES NO N/A

Does the SWPPP Meet the Requirements Listed in ACT5 of the RMCGP? YES NO*

*If No then Please Attach an Amended SWPPP.

Are construction activities (e.g., clearing, grading, etc.) still ongoing at the site? YES* NO
*If "yes," does the total acreage of the construction activities equal or exceed 5.0 acres? YES NO

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.

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

JANUARY 14, 2021
Date Signed
PRESIDENT / CEO
Title

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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
		M/A			
	ALL ELECTRIC / NON STATIONARY				

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 <i>(should match description from table above)</i>	Applicable federal standard ¹		Emission Standards ² <i>(List all that apply)</i>	Monitoring Requirements ² <i>(List any testing, continuous monitoring and recordkeeping required)</i>
	40 CFR 60, Subpart IIII	40 CFR 63, Subpart ZZZZ		
<i>Example: Engine for Generac generator</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CO ≤ 49 ppmvd @15% O ₂	<i>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</i>
	<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.

