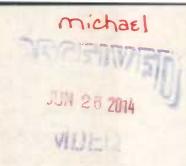
AI # 15123





READY-MIX CONCRETE GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA READY-MIX CONCRETE GENERAL PERMIT MSG11

GENERAL NPDES COVERAGE NO. MSG11 0 1 8 2

INSTRUCTIONS

The submittal of this form is required to receive coverage under the Ready-Mix Concrete Multimedia General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 90 days of the date of the Letter of Instruction for Re-Coverage.

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.

The applicant must be the 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.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Ready-Mix Concrete Forms Package.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: Discharge Monitoring Reports should be mailed to:	✓ owner/operator✓ owner/operator	facility facility	(please check one)
	R INFORMATION (CH	IECK ONE OR BO	тн)
COMPANY NAME: Delta Industries, Inc. STREET OR P.O. BOX: PO Box 1292			
CITY: Jackson STATE PHONE NUMBER (INCLUDE AREA CODE): (601) 292-393		ZIP: 39215	

FACILITY/SITE INFORMATION

THE ELL THE THE ORDER	111011			
FACILITY NAME: Vicksburg Ready-Mix Plant 14				
CONTACT NAME & POSITION: Dennis Strong Division Manager				
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 354-3801				
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRI	PTION OF INDUSTRIAL ACTIVITY:			
(3 2 7 3) Ready-Mix Concrete				
BATCHING TYPE: WET DRY CENTRAL MIX				
PLANT PRODUCTION RATE: 140 eubic yards/hr				
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED	ROAD):			
STREET: 1730 Highway 80 West				
CITY: Vicksburg COUNTY: Warren	ZIP: 39180			
PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFAPlant entrance. Attach additional pages, if necessary.)	ALL (If no discharge, provide the coordinates of the			
LATITUDE: See degrees App minutes C seconds LONGITUDE	E: degrees minutes seconds			
LATITUDE: See degrees App minutes C seconds LONGITUDE	E: degrees minutes seconds			
NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE WILL I				
	THE CALL SET FRANCISCO			
STORM WATER POLLUTION PREVENT	ION PLAN (SWPPP)			
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?	✓ YES NO			
2. IF BASED ON INDUSTRY GENERIC SWPPP, IS IT THE MOST RECENT CO	PY? YES NO			
3. DOES THE SWPPP MEET THE REQUIRMENTS LISTED IN ACTS 13 AND/O OF THE GENERAL PERMIT? IF NO, PLEASE ATTACH THE AMENDMEN				
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.				
Selland	6/23/2014			
Authorized Signature	Date Signed			
Lester R. Howell, Jr.	VP and Chief Engineer			
Printed Name ¹	Title			
This application for re-coverage shall be signed according to ACT25, T-5 of the General Permit, - For a corporation, by a responsible corporate officer For a partnership, by a general partner For a sole proprietorship, by the proprietor.	as follows:			

- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

After signing please mail to:

Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225