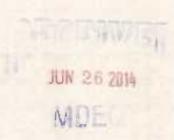
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## READY-MIX CONCRETE GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA READY-MIX CONCRETE GENERAL PERMIT MSG11 GENERAL NPDES COVERAGE NO. MSG11 0 1 6 8

## 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If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Ready-Mix Concrete Forms Package.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:	<ul><li>✓ owner/operator</li><li>✓ owner/operator</li></ul>	facility facility	(please check one) (please check one)		
✓ OWNER □ OPERAT	OR INFORMATION (CH	IECK ONE OR BO	TH)		
	VP and Chief Engineer		• • • • • •		
COMPANY NAME: Delta Industries, Inc.					
STREET OR P.O. BOX: PO Box 1292					
CITY: Jackson STA	ATE: MS	ZIP: 39215			
PHONE NUMBER (INCLUDE AREA CODE): (601) 292-3933					

## **FACILITY/SITE INFORMATION**

FACILITY NAME: _Gulf States Read	ly-Mix Plant 25				
CONTACT NAME & POSITION:	Greg Bowman	ger			
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (228) 896-7400					
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:					
( 3 2 7 3 ) Ready-Mix Concrete					
BATCHING TYPE: WET V DRY CENTRAL MIX					
PLANT PRODUCTION RATE: 140 cubic yards/hr					
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):					
STREET: 12010 Highway 603					
CITY: Waveland	COUNTY: Hancock		ZIP: 39	9520	
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: See degrees App m	inutes <u>C</u> seconds	LONGITUDE: de	grees min	utcs seconds	
LATITUDE: See degrees App n	inutes C seconds	LONGITUDE: de	egrees min	utes scconds	
NEAREST NAMED WATERBODY					
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)					
1. IS A COPY OF THE SWPPP A	T THE PERMITTED SITE?		<b>✓</b> YES	□ NO	
2. IF BASED ON INDUSTRY GE	NERIC SWPPP, IS IT THE MOS	ST RECENT COPY?	YES	✓ NO	
	IE REQUIRMENTS LISTED IN A P IF NO, PLEASE ATTACH TH		<b>✓</b> 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.					
Jose Coffeely		6/23	/2014		
Authorized Signature		Date Signe	2 <b>d</b>		
Lester R. Howell, Jr.			nief Engineer		
Printed Name  This application for re-coverage shall be For a corporation, by a responsible c For a partnership, by a general part For a sole proprietorship, by the pro For a municipal, state or other public	orporate officer. ner.		ficial.		
After signing please mail to:	Chief, Environmental Permits MS Department of Environme P.O. Box 2261 Jackson, Mississippi 39225		ution Control		

Page 2 of 2