





## 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 0038

## **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If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package.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 storm water and/or operate air emissions 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:	owner/operator	facility	(please check one)
COVERAG	E RECIPIENT INFORMATION		
CONTACT NAME & POSITION: Frank Mallette,	/ice President		
COMPANY NAME: Mallette Brothers Construc			
STREET OR P.O. BOX: 3708 Highway 90			
CITY: Gautier STAT	Mississippi	ZIP: 39553	
PHONE NUMBER (INCLUDE AREA CODE): 228-497-2523			
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Page 1 of 2

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## **FACILITY/SITE INFORMATION**

FACILITY NAME: Mallette	Brothers Construction Comp	any, Gautier Plant			
CONTACT NAME & POSITIO	N: Frank Mallette, Vice Presi	dent			
	NCLUDE AREA CODE): 228-4972		Ma Pri		
	STRIAL CLASSIFICATION (SIC) C		NDUSTRIAL AC	TIVITY:	
STREET: 2701 Old Spanis		AREST NAMED ROAD):			
CITY: Gautier	er COUNTY: Jackson ZIP: 39553				
PROVIDE THE COORDINAT	ES OF THE PLANT ENTRANCE:				
LATITUDE: 30 degrees 23	minutes 12 seconds	LONGITUDE: 88 degrees	39 minutes 04	seconds	
	ODY STORM WATER LEAVING T				
	AIR EMISSIONS	EQUIPMENT			
HAS THE FACILITY BEEN MOI	DIFIED IN ANY WAY WHICH COULI	D AFFECT THE QUANTITY A	ND/OR COMPOS	ITION OF AIR	
EMISSIONS (i.e., changed design	production capacity, changed fuel(s), cha	anged emission controls, etc.)?	YES	✓ NO	
ARE THERE ANY STATIONARY	INTERNAL COMBUSTION ENGINE	ES AT THE PLANT:	YES	✓ NO	
If VFS list type(s) (e.g. combustion	n ignition, spark ignition), horsepower,	and date(s) of manufacture for e	ach.		
1 1 2 5, 100 t, po(5) (t g, t o 11 2 5 5 6					
ST	ORM WATER POLLUTION P	REVENTION PLAN (SWI	PPP)		
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?			X YES	□ NO	
	TE AND EFFECTIVE IN CONTROLL IF NO, PLEASE ATTACH REQUIRED		X YES	□ NO	
assure that qualified personnel proper system, or those persons directly respond complete. I am aware that there violations.  I further certify that the project containing authorized to emit regulated a understand that discharging pollutare.	s document and all attachments were preparely gathered and evaluated the information onsible for gathering the information, the in are significant penalties for submitting false inues as described in the original notice of it air emissions and discharge wastewater or stats associated with industrial activity to wa	submitted. Based on my inquiry of formation submitted is, to the best of information, including the possibility of the possibility. Also, I certify that I understated with industrial communication water associated with industrial communication.	of the person or person from knowledge and ty of fines and impri- and when coverage is rial activity under the	sons who manage the belief, true, accurate sonment for knowing s terminated I am no his general permit. I	
coverage is in violation of state line.  3/27/2015					
Signature Signat		Date Signed			
Frank Mallette			Vice President		
<ul> <li>For a corporation, by a responsibl</li> <li>For a partnership, by a general pa</li> <li>For a sole proprietorship, by the p</li> </ul>	rtner.				
After signing please mail to:	Chief, Environmental Permits Divisio MS Department of Environmental Qu P.O. Box 2261 Jackson, Mississippi 39225				