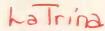
AI #8329







## 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 2072

## 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If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package.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	GE RECIPIENT INFORMAT	TION	
CONTACT NAME & POSITION: DAVID E.  COMPANY NAME: LEDMAN-RODE	Leserett-Envilo	expertal Man	vager
STREET OR P.O. BOX: 10 BOX 10	683		
PHONE NUMBER (INCLUDE AREA CODE):	TE: TN (01) 774-4000 x-	ZIP: 38	101

FACILITY/SITE IN	FORMATION		
FACILITY NAME: Plant ?		( )	
CONTACT NAME & POSITION: Robert Reed-Pro	duction Superi	interder	+
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 66	1) 609-2103		
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CO	DE & DESCRIPTION OF INI	OUSTRIAL ACT	IVITY:
2951 Asphalt Paving Mixx	uses and Black	ks	
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEA	REST NAMED ROAD):		
STREET: 1775 Farrish Grave Rough	4	ZIP: 38	606
14.			
PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:	an	10 10	7
LATITUDE: 34 degrees 16 minutes 47 seconds L NEAREST NAMED WATERBODY STORM WATER LEAVING TH	ONGITUDE: 90 degrees 0	minutes [C]	econds
NEAREST NAMED WATERBODY STORM WATER LEAVING TH	E SITE WILL ENTER:	hrson C	Itek
AIR EMISSIONS I	EQUIPMENT		
HAS THE FACILITY BEEN MODIFIED IN ANY WAY WHICH COULD	AFFECT THE QUANTITY AN	D/OR COMPOSI	TION OF MR
EMISSIONS (i.e., changed design production capacity, changed fuel(s), cha	nged emission controls, etc.)?	YES	NO
ARE THERE ANY STATIONARY INTERNAL COMBUSTION ENGINE	S AT THE PLANT:	YES	No
If YES, list type(s) (e.g., combustion ignition, spark ignition), horsepower, a	nd date(s) of manufacture for eac	ch:	
STORM WATER POLLUTION PA	REVENTION PLAN (SWP)	PP)	
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?		VES	□ NO
2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING WATER POLLUTANTS? IF NO, PLEASE ATTACH REQUIRED		VES YES	□ NO
I certify under penalty of law that this document and all attachments were prepare assure that qualified personnel properly gathered and evaluated the information system, or those persons directly responsible for gathering the information, the information complete. I am aware that there are significant penalties for submitting false violations.	submitted. Based on my inquiry of ormation submitted is, to the best of	the person or person my knowledge and	ons who manage the belief, true, accurate
I further certify that the project continues as described in the original notice of in longer authorized to emit regulated air emissions and discharge wastewater or st understand that discharging pollutaits associated with industrial activity to water coverage is in violation of state law.	orm water associated with industria	al activity under thi	is general permit. I
Signature 11	Date Signer	2015	4.4
David E. Leverett	ENVION	mental/	Maracer
Printed Name	Title		
<ul> <li>This application for re-coverage shall be signed according to ACT23, T-5 of the Geren For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> </ul>	ieral Permit, as follows:		
<ul> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive officer, ma</li> </ul>	vor, or ranking elected official.		
After signing please mail to: Chief, Environmental Permits Division			
MS Department of Environmental Qua P.O. Box 2261	my, Office of Fondtion Control		

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Jackson, Mississippi 39225

Revised: 01/27/15