



CHANGE REQUEST FORM

READY-MIX CONCRETE GENERAL PERMIT COVERAGE NUMBER MSG11 0 1 4 2



Instructions: For the following changes, notification must be provided to the DEQ at least 30 days prior to the change:

- Part A – Any planned changes in facility operations that may affect air emissions and/or water discharges.
- Part B – Any planned changes of ownership.
- Part C – Any changes in information previously submitted in the NOI or Recoverage Form.

Complete each Part of the Form, marking "N/A" if the section does not apply to the change requested.

Company Name: St. Catherine Ready-Mix Concrete Co., Inc. Facility Name: Natchez Plant
 Facility Street Address: 319 Lower Woodville Road City: Natchez County: Adams
 Contact Person: Rod Blanchard Phone No.: 601-597-9982 Email: rblanchard@cableone.net
 Mailing Address: P.O. Box 1443 City: Natchez State: MS Zip: 39121

PART A – CHANGE TO FACILITY OPERATIONS ☒ YES ☐ N/A

- Is the change a Major Modification (defined in ACT 7, Condition T-9)? ☐ YES ☒ NO
 - If yes to 1, have you completed the public notice requirements in ACT 2, Condition S-3? (See Public Notice Instructions for more information.) ☐ YES ☐ NO ☐ N/A
 - If yes to 1, have you notified the contiguous landowners per ACT 2, Condition S-2? ☐ YES ☐ NO ☐ N/A
- Will the change result in additional outfalls? ☐ YES ☒ NO
 - If yes to 2, have you notified the contiguous landowners per ACT 2, Condition S-2? ☐ YES ☒ NO ☐ N/A
- Does the change impact the design of the wastewater treatment facility? ☐ YES ☒ NO
 - If yes to 3, have you attached revised plans and specifications per ACT 2, Condition S-4? ☐ YES ☐ NO ☐ N/A

For all changes to facility operations, update the most recent version of the NOI or Recoverage Form, as needed, and attach it to this Form. Changes should also be outlined in a cover letter accompanying this form.

PART B – CHANGE OF OWNERSHIP ☐ YES ☒ N/A

Is the Request for Transfer Form complete and attached? ☐ YES ☐ NO

PART C – CHANGE OF INFORMATION PREVIOUSLY SUBMITTED ☒ YES ☐ N/A

Is the revised NOI or Recoverage Form attached reflecting any changes? ☒ YES ☐ NO

(The most recent NOI or Recoverage Form should be revised and completed in its entirety, with any updates made as needed to reflect changes to the facility. Changes should also be outlined in a cover letter accompanying this form.)

Based on my inquiry of the person or persons responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Authorized Signature of Responsible Official*

Date

Printed Name

Title

*A responsible official must be a corporate officer or facility manager delegated authorization to sign documents.



READY-MIX CONCRETE NOTICE OF INTENT

COVERAGE NO.: MSG11 0 1 4 2
(Coverage number will be completed by MDEQ staff.)



Company Name: St. Catherine Ready-Mix Concrete Co., Inc. Facility Name: Natchez Plant

Contact Name and Position: Rod Blanchard, Operations Manager

Contact Area Code and Phone Number: (601) 446 - 6671 Contact Email: rblanchard@cableone.net

Primary SIC Code: (3273) Primary NAICS Code (6-digit): (327320)

Physical Site Address - Street: 319 Lower Woodville Road

City: Natchez State: MS Zip: 39120 County: Adams

Mailing Address - Street: P.O. Box 1443

City: Natchez State: MS Zip: 39121

Plant Maximum Production Rate: 75 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."

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.

Will wastewater from the process be discharged directly from the site? ☐ Yes ☒ No

Describe any wastewater treatment or indicate "None": None
Plans and specifications for treatment must be attached.

Proposed discharge frequency: N/A Proposed discharge volume: N/A gal/day

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: 91 deg 24 min 31.195 sec Longitude: 31 deg 31 min 2.565 sec

Nearest named receiving stream: St. Catherines Creek

Is a SWPPP attached that meets the requirements of ACT5 of the RMCGP? ☒ Yes ☐ No

Is the SWPPP based on an Industry Generic SWPPP? ☒ Yes* ☐ No (*Must be most recent version.)

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.

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

Date Signed

Printed Name

Title

Submit signed form online at www.mdeq.ms.gov/rmcgp or a hard copy to Water II Branch Manager, EPD, MDEQ, PO Box 2261, Jackson, MS 39225

FUEL BURNING EQUIPMENT FORM & COMPLIANCE PLAN

CURRENT COVERAGE NO.: MSG11 0 1 4 2

(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

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

Submit signed form online at www.mdeq.ms.gov/rmcgip or a hard copy to Water II Branch Manager, EPD, MDEQ, PO Box 2261, Jackson, MS 39225