AI 72956 Rec via email 08/12/26 BS

READY-MIX CONCRETE RECOVERAGE FORM

CURRENT COVERAGE NO.: MSG11 0 3 2 5

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage)

Company Name: AMERICAN CONCRETE PRODUCTS **Facility Name:** HATTIESBURG

Contact Name and Position: JOSH THRASH - GENERAL MANAGER

Contact Area Code and Phone Number: (601) 297 - 6320 **Contact Email:** JOSHT@AMERICANCONCRETEPRODUCTS.US

Primary SIC Code: (3271) **Primary NAICS Code (6-digit):** (327331)

Physical Site Address - Street: 257 WL RUNNELS INDUSTRIAL DRIVE

City: HATTIESBURG **State:** MS **Zip:** 39401 **County:** FORREST

Mailing Address - Street: 257 WL RUNNELS INDUSTRIAL DRIVE

City: HATTIESBURG **State:** MS **Zip:** 39401

Plant Maximum Production Rate: 2 **cubic yards/hr**
(Maximum production rate must be based on the manufacturer's maximum rated plant capacity on an hourly basis. If this number exceeds 150 cubic yards per hour, the facility will be considered a Synthetic Minor (SM) operating source. SM sources must publish a notice in the local newspaper and provide proof of publication with this form.)

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." The third party is responsible for obtaining any necessary air permits to operate the rock crusher.

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.*

Nearest Named Waterbody Which Storm Water Leaving the Site Will Enter: LEAF RIVER (SELF CONTAINED)

Is a Copy of the SWPPP at the Permitted Site? ☑ YES ☐ NO **SWPPP Date:** 01/15/2018

If the SWPPP is Based on the Industry Generic SWPPP, is it the Most Recent Copy? ☑ YES ☐ NO

Does the SWPPP Meet the Requirements Listed in ACT 5 of the RMCGP? ☑ YES ☐ NO*
**If No then Please Attach an Amended SWPPP.*

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.

_____ 08/12/2026

Authorized Signature (shall be signed according to ACT 6, T-13 of the GP) **Date Signed**

JOSH THRASH GENERAL MANAGER

Printed Name **Title**

(if different contact than above, please provide title, mailing address, phone number, and email)

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

Last Revised: 08/10/2026

FUEL BURNING EQUIPMENT FORM & COMPLIANCE PLAN

CURRENT COVERAGE NO.: MSG11 0 3 2 5

(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
Example only:					
Engine for Generac generator	*No*	*Diesel*	*578 hp*	*Perkins*	*2009*
Heater for brick drying	*No*	*Natural gas*	*6 MMBtu/hr*	*Sigma Thermal*	*2010*
KILN HEATER FOR CURING CMU	NO	NATURAL GAS	1,150,000 BTU/HR	JOHNSON GAS	2006

[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	☐	☒	*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*
	☐	☐		
	☐	☐		
	☒	☐		

[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).

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

Last Revised: 08/10/2026

Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 30th day of December, 1997, the State of Mississippi issued a Charter/ Certificate of Authority to:

AMERICAN CONCRETE PRODUCTS-MS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said American Concrete Products-MS, Inc. is in good standing at this time.

Given under my hand and seal of office
the 12th day of August, 2026

Michael Watson

Certificate Number: CN26249575
Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx