

AI 7624



READY-MIX CONCRETE RECOVERAGE FORM



CURRENT COVERAGE NO.: MSG11 0 1 4 4

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

Company Name: Southeast Ready Mix Inc Facility Name: Southeast Ready Mix Inc

Contact Name and Position: Gregory Kelley- President

Contact Area Code and Phone Number: (601) 735 - 4823 Contact Email: Connorkelleyserm@gmail.com

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

Physical Site Address - Street: 3594 Hwy 145 South

City: Waynesboro State: MS Zip: 39367 County: Wayne

Mailing Address - Street: 3594 Hwy 145 South

City: Waynesboro State: Ms Zip: 39367

Plant Maximum Production Rate: 88 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: Chickasawhay River

Is a Copy of the SWPPP at the Permitted Site? ☐ YES ☐ NO SWPPP Date: 1/13/2026

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.*

RECEIVED
 AUG 31 2026
 Dept of Environmental Quality

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.

Gregory Kelley 8/24/2026
 Authorized Signature (shall be signed according to ACT 6, T-13 of the GP) Date Signed
Gregory Kelley President
 Printed Name Title

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

FUEL BURNING EQUIPMENT FORM & COMPLIANCE PLAN**CURRENT COVERAGE NO.: MSG11** 0 1 4 4

(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
N/A					

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
N/A	☐	☐		
	☐	☐		
	☒	☐		

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.

Instructions: The SWPPP shall describe and ensure the implementation of BMPs which will reduce pollutants in storm water discharges and assure compliance with the terms and conditions of the RMCGP permit. The SWPPP must be evaluated annually to ensure the effectiveness of the SWPPP's design and implementation. [2020 RMCGP ACT5, T-2, T-3, and T-7]

Company/Facility Name:

Person evaluating SWPPP:

SWPPP Components and Description of Potential Pollutant Sources [Condition T-2, ACT 5]

YES	NO	
☒	☐	Identifies industrial activities exposed to storm water. [T-2(1)]
☒	☐	Describes materials and pollutants associated with the activities above. [T-2(2) & (3)]
☒	☐	Identifies spill and leaks of toxic or hazardous pollutants. [T-2(4)]
☒	☐	Identifies pollutants of concern and summarizes storm water sampling data. [T-2(5)]
☒	☐	Includes a detailed scaled site map and a topographical map. [T-2(6) & (7)]
☒	☐	Identifies pollutants likely present and a reasonable potential for containment. [T-2(8)]

SWPPP Components and Description of Storm Water Management Controls [Condition T-3, ACT 5]

☒	☐	Identifies position(s) responsible for developing, implementing, maintain, and revising SWPPP. [T-3(1)]
☒	☐	Lists materials handled, assesses and identifies risk of potential pollution, and specifies necessary controls. [T-3(2)]
☒	☐	Identifies areas with a high potential for soil erosion and prevention measures. [T-3(3)]
☒	☐	Identifies a preventive maintenance program. [T-3(4)]
☒	☐	Identifies good housekeeping practices. [T-3(5)]
☒	☐	Identifies potential spill areas, their drainage points, and procedures for cleaning spills. [T-3(6)]
☒	☐	Identifies personnel training responsible for implementing and/or complying with the SWPPP. [T-3(7)]
☒	☐	Certifies storm water testing every 5 yrs. when feasible for non-allowed, non-storm water discharges. [T-3(8)]
☒	☐	Identifies areas to be inspected monthly for objectionable characteristics. [T-3(9)]
☒	☐	Identifies allowable non-storm water discharges and appropriate BMPs for the non-storm water. [T-3(10)]
☒	☐	Provides management of storm water volume through its diversion, infiltration, storage, or re-use. [T-3(11)]

SWPPP Certification and Signature

☒	☐	The SWPPP is on-site, current, adequately addresses the sources of pollution at the facility, is fully compliant with the terms and conditions of the RMCGP and effectively controls storm water pollutants. If no, the SWPPP shall be amended and submitted to MDEQ within 30 days of amendment. [ACT 2, S-5, ACT5 T-4(4)]
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I certify under penalty of law that this document was 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.



Authorized Signature of Responsible Official

11/13/26

Date



Printed Name

VP

Title

* A responsible official according to 2020 RMCGP, ACT 6, T-9



Michael Watson

SECRETARY OF STATE

This is not an official certificate of good standing.

Name History

Name	Name Type
SOUTHEAST READY MIX, INC.	Legal

Business Information

Business Type:	Profit Corporation
Business ID:	577327
Status:	Good Standing
Effective Date:	01/02/1991
State of Incorporation:	Mississippi
Principal Office Address:	3594 HWY 145 S WAYNESBORO, MS 39367

Registered Agent

Name

Gregory Kelley
3594 Highway 145 South
WAYNESBORO, MS 39367

Officers & Directors

Name	Title
E L Kelley 3513 Hwy 45 S Waynesboro, MS 39367	Incorporator
Gregory Kelley 3440 Hwy 145S Waynesboro, MS 39367	Director, President, Treasurer
Wendy Kelley 3440 Hwy 145S Waynesboro, MS 39367	Director, Secretary, Vice President