Thomas Kelly

From: Rajeev Gupta
Sent: Tuesday, November 17, 2026 7:45 AM
To: Thomas Kelly
Subject: Fw: Permit
Attachments: BRN3C2AF4CDE29F_028386.pdf

Thomas, please put this recoverage form into Ensite. Thank you.

Rajeev

From: Christina McAlister <purchasing@jpi.ms>
Sent: Monday, November 16, 2026 3:36 PM
To: Rajeev Gupta <rgupta@mdeq.ms.gov>
Subject: Permit

Good afternoon,

I just talked to Becky Simonson. I explained to her that I am new to this profession, and I was not given any instructions by my predecessor about filing for a permit or quarterly filings. That is the reason we are turning this in late. I have received monthly forms from our plant manager and our quality control manager. I just wasn't aware I had to send a report in each quarter. Attached is our recoverage permit. Can you tell me if I need to send it to someone else or what else is required of me to do? Also, what do I need to turn in each quarter? I would greatly appreciate your guidance in this matter.

Sincerely,
Christina Mcalister
Office Manager
Jackson Precast Inc.
601-321-8787

-----Original Message-----
From: scan@jpi.ms <scan@jpi.ms>
Sent: Monday, November 16, 2026 3:23 PM
To: Christina McAlister <purchasing@jpi.ms>
Subject: Internet Fax Job

Image data in PDF format has been attached.

Rec'd via email on 11/16/2026, TAK

AI# 3639

READY-MIX CONCRETE RECOVERAGE FORM

CURRENT COVERAGE NO.: MSG11 0321

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

Company Name: Jackson Precast Inc. **Facility Name:** _____

Contact Name and Position: Christina McAlister - Office Manager

Contact Area Code and Phone Number: (601) 321 - 8787 **Contact Email:** purchasing@jpi.ms

Primary SIC Code: (3272) **Primary NAICS Code (6-digit):** (327390)

Physical Site Address - Street: 3325 Lawson St.

City: Jackson **State:** MS **Zip:** 39213 **County:** Hinds

Mailing Address - Street: 3325 Lawson St.

City: Jackson **State:** MS **Zip:** 39213

Plant Maximum Production Rate: _____ **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: Eubanks Creek

Is a Copy of the SWPPP at the Permitted Site? ☒ YES ☐ NO **SWPPP Date:** _____

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.

Christina McAlister — 11/16/26

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

Christina McAlister — Office 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 0321

(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*
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).