



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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APR 11 2014

Dept. of Environmental Quality

READY-MIX CONCRETE GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA READY-MIX CONCRETE GENERAL PERMIT MSG11 GENERAL NPDES COVERAGE NO. MSG11 0027

INSTRUCTIONS

The submittal of this form is required to receive coverage under the Ready-Mix Concrete Multimedia General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 90 days of the date of the Letter of Instruction for Re-Coverage.

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.

The applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Ready-Mix Concrete Forms Package. Facilities that continue to discharge wastewater and/or operate air emission 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:	<input checked="" type="checkbox"/> owner/operator	<input type="checkbox"/> facility	(please check one)
Discharge Monitoring Reports should be mailed to:	<input checked="" type="checkbox"/> owner/operator	<input type="checkbox"/> facility	(please check one)

OWNER OPERATOR INFORMATION (CHECK ONE OR BOTH)

CONTACT NAME & POSITION: BELINDA VANDAN, PRESIDENT

COMPANY NAME: SOUTHWEST READY MIX CONCRETE, INC

STREET OR P.O. BOX: P O Box 1285

CITY: Summit STATE: MS ZIP: 39666

PHONE NUMBER (INCLUDE AREA CODE): 601-757-0616

FACILITY/SITE INFORMATION

FACILITY NAME: Southwest Ready Mix Concrete Inc.
 CONTACT NAME & POSITION: BELINDA VANDAN, President
 CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-757-0616
 PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:
 () READY MIX CONCRETE BATCHING PLANT
 BATCHING TYPE: WET DRY CENTRAL MIX
 PLANT PRODUCTION RATE: 24 to 32 cubic yards/hr
 PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: 1178 OLD BROOKHAVEN RD
 CITY: Summit COUNTY: Pike ZIP: 39066
 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: 31.301087 degrees minutes seconds LONGITUDE: -90.480164 degrees minutes seconds
 LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds
 NEAREST NAMED WATERBODY STORM WATER LEAVING THE SITE WILL ENTER: CLASPER CREEK

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE? YES NO
 2. IF BASED ON INDUSTRY GENERIC SWPPP, IS IT THE MOST RECENT COPY? YES NO
 3. DOES THE SWPPP MEET THE REQUIRMENTS LISTED IN ACTS 13 AND/OR 19 OF THE GENERAL PERMIT? IF NO, PLEASE ATTACH THE AMENDMENT SWPPP YES NO

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.

Belinda Vandam
 Authorized Signature
BELINDA VANDAN
 Printed Name

04/07/2014
 Date Signed
PRESIDENT
 Title

- ¹This application for re-coverage shall be signed according to ACT25, T-5 of the General Permit, as follows:
- For a corporation, by a responsible corporate officer.
 - For a partnership, by a general partner.
 - For a sole proprietorship, by the proprietor.
 - For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

After signing please mail to: Chief, Environmental Permits Division,
 MS Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261
 Jackson, Mississippi 39225

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTHWEST READY MIX CONCRETE
ADDRESS: P O BOX 1285
SUMMIT, MS 39666
FACILITY: SOUTHWEST READY MIX CONCRETE
LOCATION: 1178 OLD BROOKHAVEN ROAD
SUMMIT, MS 39666
ATTN: MS BELINDA VANDAN

MSG110027	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	3/31/2014

DMR Mailing ZIP CODE: 39666
MINOR
(SUBR CO) CONST
PROCESS WASTEWATER
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Quarterly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req Mon QTR MAX	gal/d	*****	*****	*****	*****		Quarterly	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>BELINDA VANDAN</i> TYPED OR PRINTED	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 gather and evaluate the information submitted. Based on my review 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 fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Belinda Vandan</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PIKE