MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

READY-MIX CONCRETE RECOVERAGE FORM

CURRENT COVERAGE NO.: MSG11 0 0 7 9

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

Company Name: B & B Concrete Company, Inc. **Facility Name:** Holly Springs Division of B & B Concrete Company, Inc.

Contact Name and Position: Charlie White, Director of Safety and Human Resources

Contact Area Code and Phone Number: (662) 842 - 6312 **Contact Email:** cwhite@bbconcrete.com

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

Physical Site Address - Street: 445 South Industrial Park Road

City: Holly Springs **State:** MS **Zip:** 38635 **County:** Marshall

Mailing Address - Street: P.O. Box 407

City: Tupelo **State:** MS **Zip:** 38802

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Plant Maximum Production Rate: 120 **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." 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: Spring Creek

Is a Copy of the SWPPP at the Permitted Site? ● YES ○ NO **SWPPP Date:** 02/05/2021

If the SWPPP is Based on the Industry Generic SWPPP, is it the Most Recent Copy? ○ YES ○ NO ● N/A

Does the SWPPP Meet the Requirements Listed in ACT5 of the RMCGP? ● YES ○ NO*
**If No then Please Attach an Amended SWPPP.*

Are construction activities (e.g., clearing, grading, etc.) still ongoing at the site? ○ YES* ● NO
*If "yes," does the total acreage of the construction activities equal or exceed 5.0 acres? ○ 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.

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

02/11/21
Date Signed

William F. Waters
Printed Name

Vice President
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 0 7 9

(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	N/A	N/A	N/A	N/A	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	☐	☐	N/A	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.

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