



READY-MIX CONCRETE NOTICE OF INTENT



COVERAGE NO.: MSG110358

(Coverage number will be completed by MDEQ staff.)

Company Name: MMC Materials, Inc. **Facility Name:** MMC Materials Inc, MSU ROW

Contact Name and Position: Taylor Wilson - Safety & Environmental Manager

Contact Area Code and Phone Number: (601) 898 - 4000 **Contact Email:** twilson@mmcmaterials.com

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

Physical Site Address - Street: Virilia Road

City: Canton **State:** MS **Zip:** 39046 **County:** Madison

Mailing Address - Street: P.O. Box 2569

City: Madison **State:** MS **Zip:** 39130

Plant Maximum Production Rate: 300* cubic yards/hr (*Two Plants at 150y3 each)
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."

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.*

Will wastewater from the process be discharged directly from the site? Yes No

Describe any wastewater treatment or indicate "None": Earthen Pits
Plans and specifications for treatment must be attached.

Proposed discharge frequency: Rainfall Dependant **Proposed discharge volume:** Varies gal/day

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: 32 deg 36 min 14.9 sec **Longitude:** 90 deg 05 min 21.9 sec

Nearest named receiving stream: UT of Bear Creek

Is a SWPPP attached that meets the requirements of ACT5 of the RMCGP? Yes No

Is the SWPPP based on an Industry Generic SWPPP? Yes* No *(*Must be most recent version.)*

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.

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

Judd Beech
Printed Name

11-20-24
Date Signed

President
Title

FUEL BURNING EQUIPMENT FORM & COMPLIANCE PLAN

CURRENT COVERAGE NO.: MSG11

(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> | | | | | |
| <i>Engine for Generac generator</i> | <i>No</i> | <i>Diesel</i> | <i>578 hp</i> | <i>Perkins</i> | <i>2009</i> |
| <i>Heater for brick drying</i> | <i>No</i> | <i>Natural gas</i> | <i>6 MMBtu/hr</i> | <i>Sigma Thermal</i> | <i>2010</i> |
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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 <i>(should match description from table above)</i> | 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 | | |
| <i>Example: Engine for Generac generator</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>CO ≤ 49 ppmvd @15 % O₂</i> | <i>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</i> |
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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.