



READY-MIX CONCRETE NOTICE OF INTENT



COVERAGE NO.: MSG11 0368

(Coverage number will be completed by MDEQ staff.)

Company Name: Rollcon, LLC Facility Name: Port of Gulfport West Parking Area

Contact Name and Position: Tim Maune

Contact Area Code and Phone Number: (832) 906 - 9510 Contact Email: tmaune@rollconllc.com

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

Physical Site Address - Street: 1000 30th Avenue

City: Gulfport State: MS Zip: 39501 County: Harrison

Mailing Address - Street: 8611 Derrington

City: Houston State: TX Zip: 77064

Plant Maximum Production Rate: 600 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."

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": None
Plans and specifications for treatment must be attached.

Proposed discharge frequency: N/A Proposed discharge volume: N/A 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: _____ deg _____ min _____ sec Longitude: _____ deg _____ min _____ sec

Nearest named receiving stream: _____

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)

4/10/2026
Date Signed

Tim Maune
Printed Name

Sr. Operations Manager
Title