



# HOT MIX ASPHALT NOTICE OF INTENT FORM



**COVERAGE NO.:** MSR70 0 1 1 2

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage. Leave blank if applying for new coverage.)

## COVERAGE ACTION REQUESTED

New       Recoverage       Modification\*

\*If submitting a modification, include the Change Request Form available at [www.mdeq.ms.gov/hmagp](http://www.mdeq.ms.gov/hmagp).

## FACILITY INFORMATION

**Company Name:** AJ Construction, Inc.      **Facility Name:** AJ Construction, Inc. - Hazlehurst Plant  
**Contact Name:** John C. Harreld, Jr.      **Contact Title:** President  
**Contact Phone:** (601) 540-5731      **Contact Email:** john@ajc-ms.com  
**Physical Site Address:**      **Street:** Highway 28  
**City:** Hazlehurst      **State:** MS      **Zip:** 39083  
**Mailing Address:**      **Street:** P.O. Box 2024  
**City:** Madison      **State:** MS      **Zip:** 39130  
**GPS Coordinates at Plant Entrance**  
**GPS Coordinates (Degrees/Minutes/Seconds):**      **Latitude:** 31/53/21.47      **Longitude:** 90/17/17.47  
**Collection Method (e.g., GPS, Google Earth, etc.):** Google Earth

## ASPHALT PLANT INFORMATION

**Type of Asphalt Plant:**       Batch       Drum      **Maximum Asphalt Production Rate:** 275 tons/hr  
*(Maximum production rate should be based on the manufacturer's maximum rated plant capacity, on an hourly basis.)*  
**Manufactured Date of Asphalt Plant:** July 2008      **Date plant was last relocated:** N/A  
*(If a New Plant, enter "N/A" for manufactured date, date of last relocation, date of testing, etc.)*  
**Date of Most Recent Particulate Matter (PM) Stack Test on Asphalt Plant:** Unknown  
**Is the Asphalt Plant currently at the site?**       YES       NO      **If No, what date was it removed?** \_\_\_\_\_       N/A  
**Asphalt Dryer Rated Capacity:** 96.0 MMBtu/hr  
**Dryer Fuels Used:**       Natural Gas       LPG       Fuel Oil       On-Spec Used Oil       Bio-derived Liquid  
*(Mark all applicable fuels which may be burned.)*

## ROCK / RECYCLED ASPHALT PAVEMENT (RAP) CRUSHER INFORMATION

**Do you own or operate a rock or RAP crusher at the site?**       YES\*       NO  
*(\*If YES, complete the remainder of this section. If only a third party will own/operate a rock/RAP crusher at your site, mark NO. The third party is responsible for obtaining any necessary air permits to operate the rock crusher.)*  
**Will crushed material be provided to a plant other than the co-located HMA plant?**       YES       NO

**ROCK / RECYCLED ASPHALT PAVEMENT (RAP) CRUSHER INFORMATION (continued)**

Crusher Type & Rated Cumulative Capacity:  Fixed: N/A tons/hr  Portable: 250 tons/hr  
 Date Rock/RAP Crusher Manufactured: 2008  
 Date of modification/reconstruction of Rock/RAP Crusher: N/A  N/A  
 Is Rock/RAP Crusher controlled by a baghouse or fabric filter?  YES  NO  
 Date of most recent Particulate Matter (PM) stack test on Rock/RAP Crusher: \_\_\_\_\_ or  N/A  
 Date of most recent Opacity (Method 9) Evaluation on Crusher and Transfer Points: \_\_\_\_\_ or  N/A

**OTHER AIR EMISSION SOURCES**

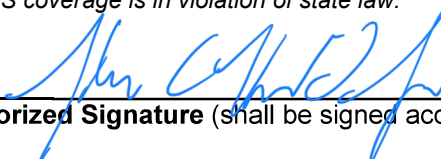
Will you operate stationary emergency engines at the site?  YES  NO  
*(Note that stationary non-emergency engines are not allowed under this General Permit.)*  
 If YES, number of emergency engines at the site:  
 For each emergency engines, indicate fuel, size (horsepower), and manufactured date:  
 Fuel: Diesel 500 hp Date: TBD  
 Fuel: Diesel 1000 hp Date: TBD  
 Fuel: \_\_\_\_\_ hp Date: \_\_\_\_\_  
 Will you operate a "gasoline dispensing facility" (see ACT6 of HMAGP for definition)?  YES  NO

**STORMWATER FROM INDUSTRIAL AND CONSTRUCTION ACTIVITIES**

Nearest named waterbody which stormwater leaving the site will enter: Unnamed tributary to Copiah Creek  
 Is a copy of the SWPPP attached?  YES  NO If no, last Revision Date: 04/03/2023  
*(A copy of the SWPPP must be attached for a New HMA plant.)*  
 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 of ACT4 of the HMAGP?  YES  NO  
*(If NO, an amended SWPPP must be submitted before the NOI can be processed.)*  
 Are construction activities (e.g., clearing, grading, etc.) required or 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.

 8-9-2023  
 Authorized Signature (shall be signed according to ACT5, T-5 of the GP) Date Signed

John C. Harreld, Jr. President (601) 540-5731  
 Printed Name Title Phone

P.O. Box 2024, Madison, MS 39130 john@ajc-ms.com  
 Address Email



# CHANGE REQUEST FORM

## HOT MIX ASPHALT GENERAL PERMIT (HMAGP)



COVERAGE NUMBER MSR70 0 1 1 2

**Instructions:** For the following changes, notification must be provided to the DEQ at least 30 days prior to the change:

- Part A – Any planned changes in facility operations, including removal of the hot mix plant or rock/RAP crusher, that may affect air emissions and/or water discharges.
- Part B – Any planned changes of ownership.
- Part C – Any changes in information previously submitted in the NOI or Recoverage Form.

Complete each Part of the Form, marking "N/A" if the section does not apply to the change requested.

Company Name: AJ Construction, Inc. Facility Name: AJ Construction, Inc. - Hazlehurst Plant  
 Facility Street Address: Highway 28 City: Hazlehurst County: Copiah  
 Contact Person: John C. Harreld, Jr. Phone No.: (601) 540-5731 Email: john@ajc-ms.com  
 Mailing Address: P.O. Box 2024 City: Madison State: MS Zip: 39130

**PART A – CHANGE TO FACILITY OPERATIONS**  YES  N/A

- Is the change a Major Modification (defined in ACT 6, Condition T-15)?  YES  NO
  - If yes to 1, have you completed the public notice requirements in ACT 2, Condition S-3? (See Public Notice Instructions for more information.)  YES  NO
  - If yes to 1, have you notified the contiguous landowners per ACT 2, Condition S-2?  YES  NO
- Will the change result in additional outfalls?  YES  NO
  - If yes to 2, is a revised SWPPP attached?  YES  NO
- Does the change result in removal of the hot mix asphalt plant or rock/RAP crusher?  YES  NO
  - If yes to 3, indicate equipment being removed: \_\_\_\_\_

*For all changes to facility operations, update the most recent version of the NOI or Recoverage Form, as needed, and attach it to this Form. Changes should also be outlined in a cover letter accompanying this form.*

**PART B – CHANGE OF OWNERSHIP**  YES  N/A

Is the Request for Transfer Form complete and attached?  YES  NO

**PART C – CHANGE OF INFORMATION PREVIOUSLY SUBMITTED**  YES  N/A

Is the revised NOI or Recoverage Form attached reflecting any changes?  YES  NO

*The most recent NOI or Recoverage Form should be revised and completed in its entirety, with any updates made as needed to reflect changes to the facility. Changes should also be outlined in a cover letter accompanying this form.*

**"I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and belief."**

Authorized Signature of Responsible Official\*

8-9-2023  
 Date

John C. Harreld, Jr.  
 Printed Name

President  
 Title

\* A responsible official must meet the requirements of 2022 HMAGP, ACT 5, Condition T-5.