



August 26, 2025

Mr. William Stacy
Environmental Permitting Division
MDEQ Office of Pollution Control
P. O. Box 2261
Jackson, Mississippi 39225


Re: *MSG110250 Ready Mix Concrete General Permit Coverage*
MMC Materials Inc, Byhalia
Byhalia, Marshall County, Mississippi

Dear Mr. Stacy:

MMC Materials is proposing changes to its Ready Mix Concrete Plant Site in Byhalia, MS. Changes include increasing the site footprint to 4.8 acres (adding a concrete rubble storage area north of the site), and constructing a new/improved concrete wastewater treatment pit. No additional process water outfalls will be added. The existing process water outfall will be in the same location as previously permitted. Please find enclosed the *Change Request Form, Recoverage Form, and Updated SWPPP with Wastewater Treatment Pit Design Plans (Figure 3)* for your review.

Should you have any questions regarding the attached material, please contact Charles Cook with FC&E Engineering, LLC at (601) 824-1860 or myself at (601) 898-4000.

Sincerely,


Scott Craft – Division President
MMC Materials, Inc.

Attachments

cc: Charles Cook, P.E., FC&E Engineering

MMC Materials, Inc.
P.O. Box 2569 • Madison, MS 39130
601-898-4000 • Fax 601-898-4030
www.mmcmaterials.com



CHANGE REQUEST FORM

READY-MIX CONCRETE GENERAL PERMIT COVERAGE NUMBER MSG11 0 2 5 0



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 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: MMC Materials, Inc. Facility Name: MMC Materials Inc, Byhalia
 Facility Street Address: 306 East Stonewall Road City: Byhalia County: Marshall
 Contact Person: Kyle Beckman Phone No.: 601-898-4000 Email: kbeckman@mmcmaterials.com
 Mailing Address: P.O. Box 2569 City: Madison State: MS Zip: 39130

PART A – CHANGE TO FACILITY OPERATIONS ☒ YES ☐ N/A

1. Is the change a Major Modification (defined in ACT 7, Condition T-9)? ☐ YES ☒ NO
- a. 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 ☒ N/A
- b. If yes to 1, have you notified the contiguous landowners per ACT 2, Condition S-2? ☐ YES ☐ NO ☒ N/A
2. Will the change result in additional outfalls? ☐ YES ☒ NO
- a. If yes to 2, have you notified the contiguous landowners per ACT 2, Condition S-2? ☐ YES ☐ NO ☒ N/A
3. Does the change impact the design of the wastewater treatment facility? ☒ YES ☐ NO
- a. If yes to 3, have you attached revised plans and specifications per ACT 2, Condition S-4? ☒ YES ☐ NO ☐ N/A

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.)

Based on my inquiry of the person or persons responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Authorized Signature of Responsible Official*

Scott Craft

Printed Name

8/26/05
Date

Division President

Title

*A responsible official must be a corporate officer or facility manager delegated authorization to sign documents.



READY-MIX CONCRETE RECOVERY FORM

CURRENT COVERAGE NO.: MSG11 0 2 5 0

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



Company Name: MMC Materials, Inc. Facility Name: MMC Materials Inc, Byhalia

Contact Name and Position: Kyle Beckman - Director of Innovations

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

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

Physical Site Address - Street: 306 East Stonewall Road

City: Byhalia State: MS Zip: 39130 County: Marshall

Mailing Address - Street: P.O. Box 2569

City: Madison State: MS Zip: 39130

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: Byhalia Creek

Is a Copy of the SWPPP at the Permitted Site? ☒ YES ☐ NO SWPPP Date: 08/2025

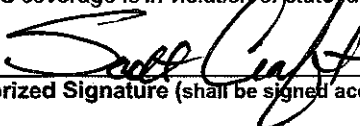
If the SWPPP is Based on the Industry Generic SWPPP, is it the Most Recent Copy? ☐ YES ☐ NO ☒ N/A

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.


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

Scott Craft
Printed Name


Date Signed
Division President
Title