Rec'd on 11/18/2026 via portal, TAK

AI# 5913

READY-MIX CONCRETE RECOVERAGE FORM

CURRENT COVERAGE NO.: MSG11 0 1 7 0

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

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Company Name: Townes Ready Mix **Facility Name:** Townes Ready Mix

Contact Name and Position: Armstead Townes III

Contact Area Code and Phone Number: (662) 226 - 4816 **Contact Email:** estellatownes@bellsouth.net

Primary SIC Code: (3273) **Primary NAICS Code (6-digit):** (238110)

Physical Site Address - Street: 16398 Highway 8 W

City: Grenada **State:** MS **Zip:** 38901 **County:** Grenada

Mailing Address - Street: same as above

City: _____ **State:** _____ **Zip:** _____

Plant Maximum Production Rate: 100 **cubic yards/hr**
(Maximum production rate must be based on the manufacturer's maximum rated plant capacity on an hourly basis. If this number exceeds 150 cubic yards per hour, the facility will be considered a Synthetic Minor (SM) operating source. SM sources must publish a notice in the local newspaper and provide proof of publication with this form.)

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: Howard Creek

Is a Copy of the SWPPP at the Permitted Site? ☒ YES ☐ NO **SWPPP Date:** 03/31/2021

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

Does the SWPPP Meet the Requirements Listed in ACT 5 of the RMCGP? ☒ YES ☐ NO*
**If No then Please Attach an Amended SWPPP.*

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.

_____ 11/16/2026
Authorized Signature (shall be signed according to ACT 6, T-13 of the GP) **Date Signed**

Armstead Townes III President
Printed Name **Title**

(if different contact than above, please provide title, mailing address, phone number, and email)

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

Last Revised: 08/10/2026