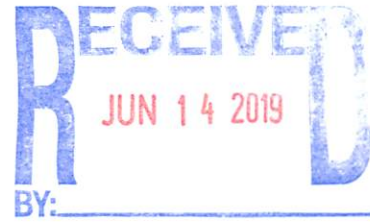


AI # 75393



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY



# READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI) FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE GENERAL NPDES PERMIT MSG11 0330

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED INDUSTRIAL ACTIVITY

## INSTRUCTIONS

Applicant must be owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance.

Submittals with this RMCNOI must include:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with industrial activity, developed in accordance with the requirements of ACT13 of the General Permit
- A detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-2 of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523
- Plans and specifications for any wastewater treatment facilities necessary to achieve compliance with the requirements of this permit

Additional submittals that may be required with the RMCNOI:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with construction activity, developed in accordance with the requirements of ACT19 of the General Permit.
- Appropriate Section 404 documentation
- If storm water discharges associated with construction activity are proposed, a detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-3 of the General Permit.
- Where previous sampling and analyses have been performed, copies of any existing laboratory data for each process wastewater outfall and each stormwater outfall. If multiple sampling has been performed, provide a summary for each parameter, including sampling dates and the minimum, average and maximum values.

**ALL QUESTIONS MUST BE ANSWERED** (Answer "NA" if not applicable)

## OWNER INFORMATION

IS APPLICANT THE  OWNER  OPERATOR (Check one or both)

OWNER CONTACT NAME & POSITION: Greg Johnson, Owner

OWNER COMPANY NAME: Southland Ready Mix, Inc.

OWNER STREET OR P.O. BOX: 2687 S. Harper Road

OWNER CITY: Corinth STATE: MS ZIP: 38834

OWNER PHONE NUMBER (INCLUDE AREA CODE): 662 212-0010

### OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Greg Johnson, Owner/Operator  
OPERATOR COMPANY: Southland Ready Mix, Inc.  
OPERATOR STREET OR P.O. BOX: 2687 S. Harper Road  
OPERATOR CITY: Corinth STATE: MS ZIP: 38834  
OPERATOR PHONE NUMBER (INCLUDE AREA CODE): 662 212-0010

### FACILITY INFORMATION

FACILITY NAME: Southland Ready Mix, Inc.  
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD):  
STREET: 2687 S. Harper Road CITY: Corinth  
COUNTY: Alcorn ZIP: 38834  
NATURE OF BUSINESS (INCLUDE 4 - DIGIT STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)):  
Primary SIC Code: 3273 Secondary SIC Code: \_\_\_\_\_  
LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY: \_\_\_\_\_  
PLANT PRODUCTION RATE: 70 cubic yards/hr  
RECEIVING STREAM: Bridge Creek

### STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

INDICATE ANY ASSOCIATION OR GENERIC SWPPP: \_\_\_\_\_  
LIST ANY MATERIAL HANDLING EQUIPMENT, RAW MATERIALS, INTERMEDIATE PRODUCTS, FINAL PRODUCTS, WASTE MATERIALS, BY-PRODUCTS, OR INDUSTRIAL MACHINERY EXPOSED TO STORM WATER (attach additional pages, if necessary): #57 crushed limestone, and washed sand

### STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

(To be completed only for activities in which 1 (one) acre or greater will be disturbed)

PRIME CONTRACTOR NAME: Greg Johnson  
PRIME CONTRACTOR COMPANY: SBC Instrument and Control, Inc.  
PRIME CONTRACTOR STREET OR P.O. BOX: 601 Pinecrest Road  
PRIME CONTRACTOR CITY: Corinth STATE: MS ZIP: 38834  
PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA CODE): 662 212-0010  
TOTAL ACREAGE THAT WILL BE DISTURBED: 1.13  
ESTIMATED START DATE: 4/15/2019 ESTIMATED COMPLETION DATE: 5/15/2019  
INDICATE ANY LOCAL ORDINANCE REQUIREMENTS: N.A.

PROCESS WASTEWATER DISCHARGES

DESCRIBE THE TYPE OF WASTEWATER TREATMENT: Settling basins, pH adjustment

PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFALL (attach additional pages, if necessary):

LATITUDE: 34 degrees 54 minutes 29 seconds LONGITUDE: 88 degrees 31 minutes 17 seconds

PROVIDE THE PROPOSED FREQUENCY OF DISCHARGE PER OUTFALL: None, wash water is recycled.

PROVIDE THE PROPOSED VOLUME OF WASTEWATER DISCHARGED PER OUTFALL (gal/day): 0 (zero)

PROVIDE A MATERIAL SAFETY DATA SHEET ON ALL CHEMICALS USED WHICH POTENTIALLY COULD BE FOUND IN THE WASTEWATER: Attached

AIR EMISSIONS

TYPE OF BATCHING:  WET  DRY  CENTRAL MIX

WILL WATER SPRAYS BE USED AT THE FOLLOWING LOCATIONS? STOCKPILES:  YES  NO

AGGREGATE BINS:  YES  NO CONVEYOR TRANSFER POINTS:  YES  NO

CEMENT SILO INFORMATION: NUMBER OF CEMENT SILOS: 1 w/ 2 compartments  
LOADING METHOD OF SILO: PD tanker truck  
VOLUME OF EACH SILO: 1 at 96 & 1 at 64 cubic yards

FACILITY ROADS WILL BE:  PAVED  WATER SPRINKLED  OTHER (SPECIFY) \_\_\_\_\_

CUBIC YARDS OF RAW MATERIALS INPUT INTO PLANT:  
SAND 18.7 ROCK 26.2 CEMENT 6.7

DOES THIS FACILITY UTILIZE ON-SITE ROCK CRUSHERS?  YES  NO

IF YES, ARE THEY:  PERMANENT  PORTABLE

NOTE: If this NOI includes the construction of new air emissions sources, the approval to construct will expire if construction does not begin within eighteen (18) months from the date of coverage issuance or if construction begins and is suspended for eighteen (18) months or more.

CERTIFICATION

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 fine and imprisonment for knowing violations.

  
\_\_\_\_\_  
Authorized Signature<sup>1</sup>

6-12-2019  
\_\_\_\_\_  
Date Signed

Greg Johnson  
\_\_\_\_\_  
Printed Name<sup>1</sup>

Owner/Operator  
\_\_\_\_\_  
Title

- <sup>1</sup>This application shall be signed according to ACT25, T-5 of the General Permit, as follows:
- For a corporation, by a responsible corporate officer.
  - For a partnership, by a general partner.
  - For a sole proprietorship, by the proprietor.
  - For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

Please submit the RMCNOI form to: Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225