AI#77901
GMP20200001

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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AUG 4 2020
MDEQ

READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI)

FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE GENERAL NPDES PERMIT MSG11 0338

(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: Mark McCormick - Safety & Environmental Manager

OWNER COMPANY NAME: MMC Materials, Inc.

OWNER STREET OR P.O. BOX: P.O. Box 2569

OWNER CITY: Madison STATE: MS ZIP: 39130

OWNER PHONE NUMBER (INCLUDE AREA CODE): (601) 898-4000

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OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Same as Owner

OPERATOR COMPANY: _____

OPERATOR STREET OR P.O. BOX: _____

OPERATOR CITY: _____ **STATE:** _____ **ZIP:** _____

OPERATOR PHONE NUMBER (INCLUDE AREA CODE): _____

FACILITY INFORMATION

FACILITY NAME: Hernando Temp Site

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD):

STREET: 1313 Green T Road **CITY:** Hernando

COUNTY: Desoto **ZIP:** 38632

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: 200 **cubic yards/hr**

RECEIVING STREAM: UT of Hurricane 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): Aggregates, Truck Washout, Plant Washoffm Fuel Tank, Trucks, Front end Loader, Admixtures

STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

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

PRIME CONTRACTOR NAME: A separate Small Construction SWPPP is being Prepared.

PRIME CONTRACTOR COMPANY: _____

PRIME CONTRACTOR STREET OR P.O. BOX: _____

PRIME CONTRACTOR CITY: _____ **STATE:** _____ **ZIP:** _____

PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA CODE): _____

TOTAL ACREAGE THAT WILL BE DISTURBED: _____

ESTIMATED START DATE: _____ **ESTIMATED COMPLETION DATE:** _____

INDICATE ANY LOCAL ORDINANCE REQUIREMENTS: _____

PROCESS WASTEWATER DISCHARGES

DESCRIBE THE TYPE OF WASTEWATER TREATMENT: Two Earthen Settling Pits

PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFALL (attach additional pages, if necessary):
LATITUDE: 34 degrees 51 minutes 34.42 seconds LONGITUDE: 89 degrees 58 minutes 7.99 seconds

PROVIDE THE PROPOSED FREQUENCY OF DISCHARGE PER OUTFALL: Rain Fall Dependent

PROVIDE THE PROPOSED VOLUME OF WASTEWATER DISCHARGED PER OUTFALL (gal/day): Rain Fall Dependent

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

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
LOADING METHOD OF SILO: truck blower
VOLUME OF EACH SILO: 83.2 y3 (400 bbl) cubic yards

FACILITY ROADS WILL BE: ☐ PAVED ☑ WATER SPRINKLED ☑ OTHER (SPECIFY) Gravel

CUBIC YARDS OF RAW MATERIALS INPUT INTO PLANT:
SAND_____ ROCK_____ CEMENT _____

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.

Mark McCormick
Authorized Signature[1]

8-4-20
Date Signed

Mark McCormick
Printed Name[1]

Safety & Environmental Manager
Title

[1]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