

AI #56444



READY-MIX CONCRETE RECOVERY FORM

CURRENT COVERAGE NO.: MSG11 0296

DEC 23 2021

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



Company Name: Tri County Ready Mix Inc Facility Name: Mendenhall Plant

Contact Name and Position: Jimmy Warren, Pres. Coowner

Contact Area Code and Phone Number: (601) 498-5765 Contact Email: jimmy@tricountyreadymix.net

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

Physical Site Address - Street: 3405 Simpson Hwy 49

City: Mendenhall State: MS Zip: 39114 County: Simpson

Mailing Address - Street: P.O. Box 148

City: Stringer State: MS Zip: 39481

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.)

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: Fellers Creek

Is a Copy of the SWPPP at the Permitted Site? ☒ YES ☐ NO SWPPP Date: 4-9-18

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)

Jimmy Warren

Printed Name

Date Signed

President

Title

44-38861-171A

100-443887-100

[illegible]

1. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Wherry (1987).

100-443887-1000

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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1970-1971 Annual Report of the Board of Directors

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100-443887-100

FUEL BURNING EQUIPMENT FORM & COMPLIANCE PLAN**CURRENT COVERAGE NO.: MSG11 0 2 9 6**

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

FUEL BURNING EQUIPMENT LIST

List all stationary fuel burning equipment used at the facility. **Do not include** mobile fuel burning equipment (e.g., trucks or forklifts, welding equipment), portable engines that are moved about the site (e.g., pressure washers, welders), or portable engines that will not remain on the site more than 12 months (e.g., temporary generators).

| Equipment Description | Emergency Use Only? (Yes/No) ¹ | Fuel Type | Max. Heat Input/ Power Output | Manufacturer | Manufactured Date or Model Year |
|------------------------------|---|-------------|-------------------------------|---------------|---------------------------------|
| <i>Example only:</i> | | | | | |
| Engine for Generac generator | No | Diesel | 578 hp | Perkins | 2009 |
| Heater for brick drying | No | Natural gas | 6 MMBtu/hr | Sigma Thermal | 2010 |
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¹ Engines qualifying as "emergency" must meet the requirements of Condition L-6 in ACT 3 of the General Permit.

COMPLIANCE PLAN

As required by ACT 3, Condition L-7(3) of the General Permit, complete this section if you will have one or more **non-emergency** stationary internal combustion engines at your site.

| Equipment Description (should match description from table above) | Applicable federal standard ¹ | | Emission Standards ² (List all that apply) | Monitoring Requirements ² (List any testing, continuous monitoring and recordkeeping required) |
|--|--|-------------------------------------|--|--|
| | 40 CFR 60, Subpart IIII | 40 CFR 63, Subpart ZZZZ | | |
| Example: Engine for Generac generator | <input type="checkbox"/> | <input checked="" type="checkbox"/> | CO ≤ 49 ppmvd @15 % O ₂ | Conduct CO performance test every 8,760 hrs or 3 yrs whichever comes first; maintain oxidation catalyst so pressure does not change by more than 2" water and catalyst inlet temp. is between 450 – 1,350 °F |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |

¹ Only mark one. If subject to 40 CFR 60, Subpart IIII, then you have no requirements under 40 CFR 63, Subpart ZZZZ per 40 CFR 63.6590(c)(1).

² EPA has developed a summary table of requirements for these rules at <https://www.epa.gov/stationary-engines/guidance-and-tools-implementing-stationary-engine-requirements>. For purposes of evaluating these requirements, your engine is considered a Non-Emergency Compression Ignition (CI) Internal Combustion Engine (ICE) located at an Area Source.

| | | | |
|---------------|-------------|--------------|------------------|
| Business Name | Business ID | Officer Name | Registered Agent |
|---------------|-------------|--------------|------------------|

Search Criteria

☐ Starting With
 ☒ All Words
 ☐ Any Words
 ☐ Sounds Like
 ☐ Exact Match

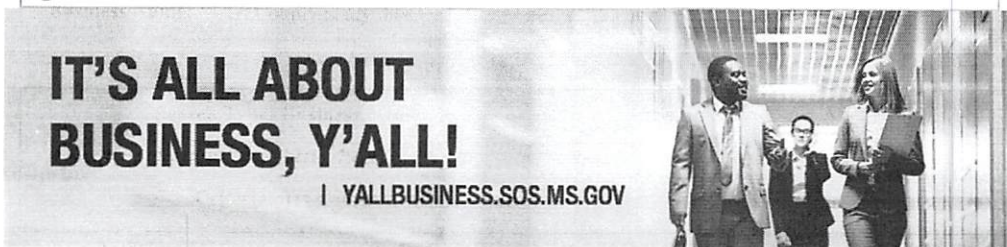
Business Name:

| | |
|--------------------------------|------------------------------|
| Search Type: Business Name | Search Sub-Type: All Words |
| Search Date: 12/17/2020 09:06 | Search Thru Date: 12/15/2020 |
| Criteria: Tri County ready mix | Result(s) Count: 1 |

Business Name Search Results

| Business Name | Business ID | Type | Status | Create Date | |
|----------------------------|-------------|----------------------|---------------|-------------|-------------------------|
| Tri-County Ready Mix, Inc. | 899263 | Business Corporation | Good Standing | 09/21/2006 | Details |

1 - 1 of 1 items



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Michael Watson
SECRETARY OF STATE



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 Filing Fees (<https://www.sos.ms.gov/content/documents/Business/FeeSchedule.pdf>)



Tri-County Ready Mix, Inc.

User Actions

[View Filed Documents](#) [Opt-in or Opt-out of Email updates](#) [Print Business Details](#)

Name History

Name

Tri-County Ready Mix, Inc.

Name Type

Legal

Business Information

| | |
|----------------------------------|--|
| Business Type: | Profit Corporation |
| Business ID: | 899263 |
| Status: | Good Standing |
| Effective Date: | 09/21/2006 |
| State of Incorporation: | Mississippi |
| Principal Office Address: | 294 Huey P ROad, 294 Huey P ROad Soso, MS 39480 |

Registered Agent

Name

Warren, Karen (<portal.aspx?searchby=agent&agentName=Warren, Karen>)
 1241 Hwy 15;P O Box 148
 Stringer, MS 39481

Officers & Directors

Name

Kristi King (<portal.aspx?searchby=officer&officerName=Kristi King>)
 621 Cr 7
 Stringer, MS 39481

Title

Incorporator

Karen Warren (<portal.aspx?searchby=officer&officerName=Karen>)

Incorporator

Business Search