F-S PRESTRESS, LLC

ENGINEERED CONCRETE PRODUCTS

P.O. Box 15969
Hattiesburg, MS 39404-5969
Phone 601/268/2006 Fax 601/264-3922

PLANT LOCATIONS
Hattiesburg, Ms
601/268-2006
Princeton, LA
318/949-2444

February 5, 2021

CERTIFIED MAIL: 7017 2400 0001 1424 0292

Chief,
Water II Branch Manager
EPD, MDEQ, OPC
Post Office Box 2261
Jackson, Mississippi 39225

RECEIVED
FEB 8 2021
MDEQ

Re: Ready-Mix General Permit Re-Coverage
Permit No. MSG110284
Agency Interest No.: 13495

Chief:

Attached is the completed Ready- Mix Concrete General Permit Re-Coverage Form.

Please contact me at 601-268-2006 if you have any questions or require additional information. Thank you for your assistance in this matter.

Sincerely,

Jim Polk
Plant Manager

Attachment – Ready-Mix GP Re-Coverage Form

READY-MIX CONCRETE RECOVERAGE FORM

CURRENT COVERAGE NO.: MSG11 0 2 8 4

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

Company Name: F-S Prestress LLC **Facility Name:** F-S Prestress LLC

Contact Name and Position: Jim Polk, Plant Manager

Contact Area Code and Phone Number: (601) 268 - 2006 **Contact Email:** jpolk@fsprestress.com

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

Physical Site Address - Street: 25 Peps Point Road

City: Hattiesburg **State:** MS **Zip:** 39401 **County:** Forrest

Mailing Address - Street: P. O. Bx 15969

City: Hattiesburg **State:** MS **Zip:** 39404-5969

Plant Maximum Production Rate: 150 **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: Bowie River

Is a Copy of the SWPPP at the Permitted Site? ◉ YES ○ NO **SWPPP Date:** 5-6-2014

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.

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

2-5-21
Date Signed

Jim Polk
Printed Name

Plant Manager
Title

RECEIVED
FEB 8 2021
MDEQ

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

F-S PRESTRESS, LLC

User Actions

View Filed Documents Opt-in or Opt-out of Email updates Print Business Details

Name History

Name	Name Type
F-S PRESTRESS, LLC	Legal

Business Information

Business Type:	Limited Liability Company
Business ID:	584356
Status:	Good Standing
Effective Date:	02 25 2000
State of Incorporation:	Mississippi
Principal Office Address:	

Registered Agent

Name
WILLIAM E DOSSETT
190 E. Capitol Street, Suite 800
Jackson, MS 39201

Officers & Directors

Name	Title
O L. Sims II P O. BOX 15969 HATTIESBURG, MS 39404	Member
C T. Sutherland P O. BOX 15969 HATTIESBURG, MS 39404	Member
WILLIAM E DOSSETT	Other


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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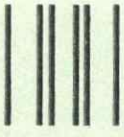
Street and Apt. No., or PO Box No. EPD, MDEQ, OIC, P.O. Box 2261

City, State, ZIP+4® Jackson, MS 39225

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions


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F-S Prestress - Permit Renewal