



READY-MIX CONCRETE RECOVERY FORM



CURRENT COVERAGE NO.: MSG11 _ _ _ _

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

Company Name: _____ **Facility Name:** _____

Contact Name and Position: _____

Contact Area Code and Phone Number: (____) ____ - ____ **Contact Email:** - _____

Primary SIC Code: (____) **Primary NAICS Code (6-digit):** (_____)

Physical Site Address - Street: _____

City: _____ **State:** ____ **Zip:** _____ **County:** _____

Mailing Address - Street: _____

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

Plant Maximum Production Rate: _____ 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: _____

Is a Copy of the SWPPP at the Permitted Site? YES NO **SWPPP Date:** _____

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)

Date Signed

Printed Name

Title

FUEL BURNING EQUIPMENT FORM & COMPLIANCE PLAN

CURRENT COVERAGE NO.: MSG11 _ _ _ _

(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>					
<i>Engine for Generac generator</i>	<i>No</i>	<i>Diesel</i>	<i>578 hp</i>	<i>Perkins</i>	<i>2009</i>
<i>Heater for brick drying</i>	<i>No</i>	<i>Natural gas</i>	<i>6 MMBtu/hr</i>	<i>Sigma Thermal</i>	<i>2010</i>

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 <i>(should match description from table above)</i>	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		
<i>Example: Engine for Generac generator</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>CO ≤ 49 ppmvd @15 % O₂</i>	<i>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</i>
	<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.

F0008
Fee: \$ 25



Michael Watson
SECRETARY OF STATE

2020054032

Business ID: 1156544
Filed: 02/11/2020 01:00 PM
Michael Watson
Secretary of State

2020 Corporate Annual Report

Business Information

Business ID: 1156544

Business Name: Oldcastle APG South, Inc.

State of Incorporation: NC

Business Email:

FiledStatus_AR_MS@cscglobal.com

Phone: (***)***-****

FEIN: **-*****

Principal Address: 333 N. Greene Street, Suite 500
Greensboro, NC 27401

Registered Agent

Name: CORPORATION SERVICE COMPANY

Address: 7716 Old Canton Rd, Suite C
Madison, MS 39110

Officers

<i>Title/Name:</i>	<i>Address:</i>	<i>Director:</i>
President: Steve Berry	333 N. Greene Street, Suite 500 Greensboro, NC 27401	<input checked="" type="checkbox"/>
Vice President:		<input type="checkbox"/>
Secretary: Brian Reilly	Three Glenlake Parkway, 12th Floor Atlanta, GA 30328	<input type="checkbox"/>
Treasurer:		<input type="checkbox"/>

Stocks

<i>Class:</i>	<i>Authorized:</i>	<i>Series:</i>	<i>Issued:</i>
Common	200000		100000

NAICS Code/Nature of Business

327331 - Concrete Block and Brick Manufacturing

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day ***02/11/2020***.

Name:

Gary P. Hickman
Assistant Secretary

Address:

900 Ashwood Parkway, Suite 600
Atlanta, GA 30338



READY-MIX CONCRETE GENERAL PERMIT (RMCGP) RECOVERAGE FORM

INSTRUCTIONS

All questions must be answered for this Recoverage Form to be considered complete. If an item does not apply, enter "N/A" for not applicable to show that you considered the question. Additional instructions for the Recoverage Form are also available online at www.mdeq.ms.gov/rmcgp.

The applicant must be the owner and/or operator of the property (i.e., the legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant).

Registration with Mississippi Secretary of State: If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of registration with the Mississippi Secretary of State and/or the Certificate of Good Standing (official or unofficial copy). This registration or Certificate of Good Standing must be dated within 12 months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

Submittal Requirements: For recoverage under this general permit, this form must be completed and returned to MDEQ **within 60 days** of the date of the Letter of Instruction for Recoverage. For other NOI submittal deadlines see Condition S-1 of ACT 2, of the RMCGP. All forms must be submitted online at www.mdeq.ms.gov/rmcgp or via hard copy to:

Water II Branch Manager, Environmental Permits Division
Mississippi Department of Environmental Quality
PO Box 2261
Jackson, MS 39225-2261

Storm Water Pollution Prevention Plan (SWPPP): If the facility's SWPPP is not current or is ineffective in controlling storm water pollutants, then an amended SWPPP must be submitted with the Recoverage Form. If an electronic copy is submitted, a hard copy should also be mailed to the address above for MDEQ's files.

Notice of Termination: If the facility is out of business or no longer active, please request termination of coverage by completing the Notice of Termination (NOT) Form found at www.mdeq.ms.gov/rmcgp. Facilities that continue to discharge wastewater and/or operate air emissions equipment without applicable permit coverage are in violation of state law. This Recoverage Form is not required to be submitted if the facility is submitting a request for termination of coverage.

Storm Water from Construction Activities: If the previous coverage included regulated construction activities which need to be continued, then an appropriate Storm Water Construction Notice of Intent must be completed and, if applicable, submitted to MDEQ with this Recoverage Form. Construction activities including clearing, excavating, and other land disturbing activities equal to or greater than one (1) acre but less than five (5) acres require compliance with the Small Construction General Permit and completion of a Small Construction Notice of Intent (SCNOI). Construction activities equal to or greater than five (5) acres require compliance with the Large Construction General Permit and submittal of a Large Construction Notice of Intent (LCNOI). These General Permits, NOIs, and other required forms can be found at the following link: www.mdeq.ms.gov/generalpermits/.

Officers List

Name:

Steve Berry
Director, President

Address:

333 N. Greene Street, Suite 500
Greensboro, NC 27401

Brian Reilly
Secretary

Three Glenlake Parkway, 12th Floor
Atlanta, GA 30328

William B. Miller
Assistant Secretary

900 Ashwood Parkway, Suite 600
Atlanta, GA 30338

Timothy Ortman
Director

900 Ashwood Parkway, Suite 600
Atlanta, GA 30338

Gary P. Hickman
Assistant Secretary

900 Ashwood Parkway, Suite 600
Atlanta, GA 30338