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MDEQ

READY-MIX CONCRETE RECOVERAGE FORM

CURRENT COVERAGE NO.: MSG11 0 2 3 4

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

Company Name: Coast Concrete Company Inc **Facility Name:** Plant Number 3 Oak Street

Contact Name and Position: Teresa Ehrlich, Manager

Contact Area Code and Phone Number: (228) 863 - 1339 **Contact Email:** wcforetrucking@gmail.com

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

Physical Site Address - Street: 256 Oak Street

City: Biloxi **State:** MS **Zip:** 39530 **County:** Harrison County

Mailing Address - Street: 14270 Creosote

City: Gulfport **State:** MS **Zip:** 39503

Plant Maximum Production Rate: 80 **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: Back Bay Biloxi

Is a Copy of the SWPPP at the Permitted Site? ◉ YES ○ NO **SWPPP Date:** November 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.

W C Fore

Authorized Signature (shall be signed according to ACT6, T-9 of the GP) **Date Signed**

W. C. Fore **Printed Name**

President **Title**

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