

AT 11744



HOT MIX ASPHALT NOTICE OF INTENT FORM



COVERAGE NO.: MSR70 0 0 5 6

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage. Leave blank if applying for new coverage.)

COVERAGE ACTION REQUESTED

New Recoverage Modification*

*If submitting a modification, include the Change Request Form available at www.mdeq.ms.gov/hmagp.

FACILITY INFORMATION

Company Name: Dickerson & Bowen Inc. Facility Name: Brookhaven Asphalt Plant # 5
Contact Name: Brett Wilson Contact Title: Safety Director
Contact Phone: 601-833-4291 Contact Email: bwilson@dickersonandbowen.com

Physical Site Address: Street: Old Hwy 51 North
City: Brookhaven State: MS Zip: 39601

Mailing Address: Street: P.O. Box 1008
City: Brookhaven State: MS Zip: 39602

GPS Coordinates at Plant Entrance
GPS Coordinates (Degrees/Minutes/Seconds): Latitude: 31° 35'33" N Longitude: 90°25'28" W
Collection Method (e.g., GPS, Google Earth, etc.): Google Earth

ASPHALT PLANT INFORMATION

Type of Asphalt Plant: Batch Drum Maximum Asphalt Production Rate: 155 tons/hr
(Maximum production rate should be based on the manufacturer's maximum rated plant capacity, on an hourly basis.)

Manufactured Date of Asphalt Plant: 09/1979 Date plant was last relocated: N/A
(If a New Plant, enter "N/A" for manufactured date, date of last relocation, date of testing, etc.)

Date of Most Recent Particulate Matter (PM) Stack Test on Asphalt Plant: 07/31/2017

Is the Asphalt Plant currently at the site? YES NO If No, what date was it removed? _____ N/A

Asphalt Dryer Rated Capacity: 125 MMBtu/hr

Dryer Fuels Used: Natural Gas LPG Fuel Oil On-Spec Used Oil Bio-derived Liquid
(Mark all applicable fuels which may be burned.)

ROCK / RECYCLED ASPHALT PAVEMENT (RAP) CRUSHER INFORMATION

Do you own or operate a rock or RAP crusher at the site? YES* NO

(If YES, complete the remainder of this section. If only a third party will own/operate a rock/RAP crusher at your site, mark NO. The third party is responsible for obtaining any necessary air permits to operate the rock crusher.)

Will crushed material be provided to a plant other than the co-located HMA plant? YES NO

RECEIVED
NOV 18 2022
Dept. of Environmental Quality

CAS

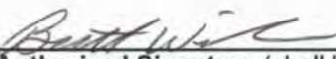
ROCK / RECYCLED ASPHALT PAVEMENT (RAP) CRUSHER INFORMATION (continued)	
Crusher Type & Rated Cumulative Capacity:	<input type="checkbox"/> Fixed: _____ tons/hr <input type="checkbox"/> Portable: _____ tons/hr
Date Rock/RAP Crusher Manufactured:	_____
Date of modification/reconstruction of Rock/RAP Crusher:	_____ <input type="checkbox"/> N/A
Is Rock/RAP Crusher controlled by a baghouse or fabric filter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of most recent Particulate Matter (PM) stack test on Rock/RAP Crusher:	_____ or <input type="checkbox"/> N/A
Date of most recent Opacity (Method 9) Evaluation on Crusher and Transfer Points:	_____ or <input type="checkbox"/> N/A

OTHER AIR EMISSION SOURCES	
Will you operate stationary emergency engines at the site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>(Note that stationary non-emergency engines are not allowed under this General Permit.)</i>	
If YES, number of emergency engines at the site:	
For each emergency engines, indicate fuel, size (horsepower), and manufactured date:	Fuel: _____ hp Date: _____
	Fuel: _____ hp Date: _____
	Fuel: _____ hp Date: _____
Will you operate a "gasoline dispensing facility" (see ACT6 of HMAGP for definition)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

STORMWATER FROM INDUSTRIAL AND CONSTRUCTION ACTIVITIES	
Nearest named waterbody which stormwater leaving the site will enter:	None _____
Is a copy of the SWPPP attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, last Revision Date: _____
<i>(A copy of the SWPPP must be attached for a New HMA plant.)</i>	
If the SWPPP is based on the Industry Generic SWPPP, is it the most recent copy?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Does the SWPPP meet the requirements of ACT4 of the HMAGP?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>(If NO, an amended SWPPP must be submitted before the NOI can be processed.)</i>	
Are construction activities (e.g., clearing, grading, etc.) required or ongoing at the site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, does the total acreage of the construction activities equal or exceed 5.0 acres?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 ACT5, T-5 of the GP)

11/4/22
Date Signed

Brett Wilson
Printed Name

Safety Director
Title

601-833-4291
Phone

P.O. Box 1008 Brookhaven, MS 39602
Address

bwilson@dickersonandbowen.com
Email