

AI: 28

MSK700025



HOT MIX ASPHALT NOTICE OF INTENT FORM



COVERAGE NO.: MSR70 2 9 5 1

(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*

RECEIVED
JAN 05 2023

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

FACILITY INFORMATION

Company Name: ADCAMP, INC. Facility Name: ADCAMP INC.

Contact Name: ANTHONY EMBRY Contact Title: HR & SAFETY DIRECTOR

Contact Phone: (601) 939-4493 EXT. 13 Contact Email: ANTHONY@ADCAMPINC.COM

Physical Site Address: Street: 1365 FLOWOOD DR.

City: FLOWOOD State: MS Zip: 39232

Mailing Address: Street: P.O. BOX 54246

City: JACKSON State: MS Zip: 39288

GPS Coordinates at Plant Entrance

GPS Coordinates (Degrees/Minutes/Seconds): Latitude: 32.304542 Longitude: -90.145395

Collection Method (e.g., GPS, Google Earth, etc.): GOOGLE MAPS

ASPHALT PLANT INFORMATION

Type of Asphalt Plant: Batch Drum Maximum Asphalt Production Rate: 350 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: _____ Date plant was last relocated: _____
(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: 12/16/2022

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

Asphalt Dryer Rated Capacity: 120 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

O.C

ROCK / RECYCLED ASPHALT PAVEMENT (RAP) CRUSHER INFORMATION (continued)

Crusher Type & Rated Cumulative Capacity: Fixed: 150 tons/hr Portable: _____ tons/hr
 Date Rock/RAP Crusher Manufactured: 11/22/2022
 Date of modification/reconstruction of Rock/RAP Crusher: 1/03/23 N/A
 Is Rock/RAP Crusher controlled by a baghouse or fabric filter? YES NO
 Date of most recent Particulate Matter (PM) stack test on Rock/RAP Crusher: _____ or N/A
 Date of most recent Opacity (Method 9) Evaluation on Crusher and Transfer Points: _____ or N/A

OTHER AIR EMISSION SOURCES

Will you operate stationary emergency engines at the site? YES NO
(Note that stationary non-emergency engines are not allowed under this General Permit.)
 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)? YES NO

STORMWATER FROM INDUSTRIAL AND CONSTRUCTION ACTIVITIES

Nearest named waterbody which stormwater leaving the site will enter: PEARL RIVER
 Is a copy of the SWPPP attached? YES NO If no, last Revision Date: _____
(A copy of the SWPPP must be attached for a New HMA plant.)
 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 of ACT4 of the HMAGP? YES NO
(If NO, an amended SWPPP must be submitted before the NOI can be processed.)
 Are construction activities (e.g., clearing, grading, etc.) required or 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.

Anthony Embry
 Authorized Signature (shall be signed according to ACT5, T-5 of the GP)

1/4/23
 Date Signed

ANTHONY EMBRY
 Printed Name

HR & SAFETY DIRECTOR
 Title

601-939-4493 EXT 13
 Phone

1353 Flowood Dr. Flowood MS. 39232
 Address

ANTHONY@ADCAMPINC.COM
 Email