



November 21, 2025

Mr. William Stacy, P.E.
Chief, Water II Branch
Environmental Permits Division
Mississippi Department of Environmental Quality
PO Box 2261
Jackson, MS 39225

***Re: Delta Industries, Inc. - Battery Plant Temporary Site (AI# 87291)
Ready Mix Concrete MSG110356 Change Form
Byhalia, Marshall County, Mississippi***

Dear Bill:

Delta Industries is submitting the attached *Change Form, NOI, and SWPPP* for their existing ready mix concrete plant site in Byhalia, MS. Changes include relocating the process water outfall 001 and retention pond locations to the west side of the site. No adjacent landowners are located within 700' of the plant site. This plant is temporarily setup within the boundaries of the battery plant construction site.

Please feel free to contact myself by phone at 601-824-1860 or by email at ccook@fce-engineering.com, with any questions regarding this letter.

Sincerely,

Charles Cook, P.E. – Sr. Engineer
FC&E Engineering, LLC

Attachments

cc: Greg Carrol, Delta Industries, Inc.



CHANGE REQUEST FORM



READY-MIX CONCRETE GENERAL PERMIT COVERAGE NUMBER MSG11 0 3 5 6

Instructions: For the following changes, notification must be provided to the DEQ at least 30 days prior to the change:

- **Part A – Any planned changes in facility operations that may affect air emissions and/or water discharges.**
- **Part B – Any planned changes of ownership.**
- **Part C – Any changes in information previously submitted in the NOI or Recoverage Form.**

Complete each Part of the Form, marking "N/A" if the section does not apply to the change requested.

Company Name: Delta Industries, Inc. Facility Name: Delta Industries, Inc. - Battery Plant Temporary Site
 Facility Street Address: Curl Road City: Byhalia County: Marshall
 Contact Person: Greg Carroll Phone No.: 769-990-5456 Email: gcarroll@delta-ind.com
 Mailing Address: PO Box 1292 City: Jackson State: MS Zip: 39215

PART A – CHANGE TO FACILITY OPERATIONS ☐ YES ☐ N/A

- Is the change a Major Modification (defined in ACT 7, Condition T-9)? ☐ YES ☒ NO
 - If yes to 1, have you completed the public notice requirements in ACT 2, Condition S-3? (See Public Notice Instructions for more information.) ☐ YES ☐ NO ☒ N/A
 - If yes to 1, have you notified the contiguous landowners per ACT 2, Condition S-2? ☐ YES ☐ NO ☒ N/A
- Will the change result in additional outfalls? ☐ YES ☒ NO
 - If yes to 2, have you notified the contiguous landowners per ACT 2, Condition S-2? ☐ YES ☐ NO ☒ N/A
- Does the change impact the design of the wastewater treatment facility? ☒ YES ☐ NO
 - If yes to 3, have you attached revised plans and specifications per ACT 2, Condition S-4? ☒ YES ☐ NO ☐ N/A

For all changes to facility operations, update the most recent version of the NOI or Recoverage Form, as needed, and attach it to this Form. Changes should also be outlined in a cover letter accompanying this form.

PART B – CHANGE OF OWNERSHIP ☐ YES ☒ N/A

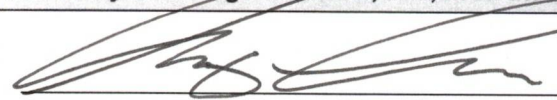
Is the Request for Transfer Form complete and attached? ☐ YES ☐ NO

PART C – CHANGE OF INFORMATION PREVIOUSLY SUBMITTED ☒ YES ☐ N/A

Is the revised NOI or Recoverage Form attached reflecting any changes? ☒ YES ☐ NO

(The most recent NOI or Recoverage Form should be revised and completed in its entirety, with any updates made as needed to reflect changes to the facility. Changes should also be outlined in a cover letter accompanying this form.)

Based on my inquiry of the person or persons responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.


 Authorized Signature of Responsible Official*
Greg Carroll
 Printed Name
 Date 11/14/25
 Division Manager
 Title

*A responsible official must be a corporate officer or facility manager delegated authorization to sign documents.



READY-MIX CONCRETE NOTICE OF INTENT

COVERAGE NO.: MSG11 _____
(Coverage number will be completed by MDEQ staff.)



Company Name: Delta Industries, Inc. **Facility Name:** Delta Industries, Inc. - Battery Plant Temporary Site

Contact Name and Position: Greg Carroll - Division Manager

Contact Area Code and Phone Number: (769) 990 - 5456 **Contact Email:** gcarroll@delta-ind.com

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

Physical Site Address - Street: Curl Road

City: Byhalia **State:** MS **Zip:** 38611 **County:** Marshall

Mailing Address - Street: P.O. Box 1292

City: Jackson **State:** MS **Zip:** 39215

Plant Maximum Production Rate: 360* cubic yards/hr *Two Plants at 180 y3/hr each
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."

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.

Will wastewater from the process be discharged directly from the site? ☒ Yes ☐ No

Describe any wastewater treatment or indicate "None": Sediment pond
Plans and specifications for treatment must be attached.

Proposed discharge frequency: during rains **Proposed discharge volume:** rainfall dependant gal/day

Provide the Latitude and Longitude of each wastewater outfall:
If no discharge, provide the coordinates of the plant entrance. Attach additional pages, if necessary.

Latitude: 34 deg 58 min 47.2 sec **Longitude:** 89 deg 33 min 15.8 sec

Nearest named receiving stream: UT of Lee Creek

Is a SWPPP attached that meets the requirements of ACT5 of the RMCGP? ☒ Yes ☐ No

Is the SWPPP based on an Industry Generic SWPPP? ☐ Yes* ☒ No (*Must be most recent version.)

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.

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

Greg Carroll
Printed Name

11/14/25
Date Signed
Division Manager
Title