AI# 2438

READY-MIX CONCRETE RECOVERAGE FORM

CURRENT COVERAGE NO.: MSG11 0053 _ _ _

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

Company Name: Delta Industries, Inc. **Facility Name:** Meridian Plant 61

Contact Name and Position: Aaron Wade, P.E. - Senior Engineer

Contact Area Code and Phone Number: (662) 808 - 8522 **Contact Email:** awade@delta-ind.com

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

Physical Site Address - Street: 220 65th Avenue

City: Meridian **State:** MS **Zip:** 39304 **County:** Lauderdale

Mailing Address - Street: P.O. Box 1292

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

Plant Maximum Production Rate: 280 **cubic yards/hr**
(Maximum production rate must be based on the manufacturer's maximum rated plant capacity on an hourly basis. If this number exceeds 150 cubic yards per hour, the facility will be considered a Synthetic Minor (SM) operating source. SM sources must publish a notice in the local newspaper and provide proof of publication with this form.)

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: Okatibbee Creek

Is a Copy of the SWPPP at the Permitted Site? ☑ YES ☐ NO **SWPPP Date:** 11/2025

If the SWPPP is Based on the Industry Generic SWPPP, is it the Most Recent Copy? ☑ YES ☐ NO

Does the SWPPP Meet the Requirements Listed in ACT 5 of the RMCGP? ☑ YES ☐ NO*
**If No then Please Attach an Amended SWPPP.*

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 ACT 6, T-13 of the GP) — **Date Signed** 11/2/2026

Aaron Wade — **Printed Name**

Senior Engineer — **Title**

(if different contact than above, please provide title, mailing address, phone number, and email)

RECEIVED
NOV - 3 2026
MDEQ

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

Last Revised: 08/10/2026

FUEL BURNING EQUIPMENT FORM & COMPLIANCE PLAN

CURRENT COVERAGE NO.: MSG11 0053 __ __

(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
Example only:					
Engine for Generac generator	*No*	*Diesel*	*578 hp*	*Perkins*	*2009*
Heater for brick drying	*No*	*Natural gas*	*6 MMBtu/hr*	*Sigma Thermal*	*2010*
N/A					

[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 *(should match description from table above)*	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		
Example: Engine for Generac generator	☐	☒	*CO ≤ 49 ppmvd @15 % O_2*	*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*
N/A	☐	☐		
	☐	☐		
	☒	☐		

[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.

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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 by following the instructions available 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.