A #20075





## HOT MIX ASPHALT GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED MULTIMEDIA HOT MIX ASPHALT GENERAL PERMIT MSR70 GENERAL NPDES COVERAGE NO. MSR70 0 0 7 5

## **INSTRUCTIONS**

The submittal of this form is required to receive coverage under the reissued Hot Mix Asphalt Multimedia General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants.

If the facility is out of business or no longer active, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hot Mix Asphalt Forms Package. Facilities that continue to discharge wastewater and/or operate air emission 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.

ALL INFORMATION REQUESTS MUST BE ANSWERED (Answer "NA" if not applicable).

Certificate of Coverage should be mailed to:		owner/operator	facility		(please check one)
	COVERAGE RE	CIPIENT INFORMATION			
CONTACT NAME & POSITION:	Hamp Sterling, P.E.	Environmental Manager			
COMPANY NAME:	Superior Asphalt, Inc.				
STREET OR P.O. BOX:	P. O. Box 720099				
CITY: Byram	STATE:	MS	ZIP:	39272	

	FACILITY/SITE IN	FORMATION					
FACULITY NAME:	Noxubee County Plant Number 2						
CONTACT NAME & POSITION: Hamp Sterling, P.E. Environmental Manager							
CONTACT PHONE NUMBER (IN	CLUDE AREA CODE):(601	) 260-2425					
PRIMARY STANDARD INDUST	TRIAL CLASSIFICATION (SIC) CO	DE & DESCRIPTION OF IN	DUSTRIAL ACT	TVITY:			
(2 9 5 1) Hot Mix							
	NOT AVAILABLE INDICATE NEA	DEST NAMED POAD).					
		REST NAMED ROADJ.					
STREET: Highway 45 Sou							
CITY: Brooksville	COUNTY: Noxubee		ZIP:397	39			
PROVIDE THE COORDINATES	S OF THE PLANT ENTRANCE:						
LATITUDE: 33 degrees 22	minutes 02 seconds LO	ONGITUDE: 88 degrees	57 minutes 77	seconds			
	DY STORM WATER LEAVING TH						
	AIR EMISSIONS E	QUIPMENT					
HAS THE FACILITY REEN MODI	FIED IN ANY WAY WHICH COULD	AFFECT THE QUANTITY AN	D/OR COMPOST	TION OF AIR			
HAS THE FACILITY BEEN MODIFIED IN ANY WAY WHICH COULD AFFECT THE QUANTITY AN EMISSIONS (i.e., changed design production capacity, changed fuel(s), changed emission controls, etc.)?				✓ NO			
STC	ORM WATER POLLUTION PR	EVENTION PLAN (SWP	PPP)				
1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?				□ NO			
2. IS THE SWPPP UP-TO-DATE WATER POLLUTANTS? IF	✓ YES	□ NO					
system designed to assure that quali- person or persons who manage the the best of my knowledge and belief information, including the possibility I further certify that the project con- terminated I am no longer authoriz- activity under this general permit.	his document and all attachments were pified personnel properly gathered and exsystem, or those persons directly respond, true, accurate and complete. I am away of fines and imprisonment for knowing attinues as described in the original noticed to emit regulated air emissions and did understand that discharging pollutants thout proper permit coverage is in violating.	valuated the information submissible for gathering the information that there are significant per g violations.  e of intent. Also, I certify that I ischarge wastewater or storm we associated with industrial active.	tted. Based on my ion, the informationalties for submitts understand when rater associated with the waters of the submitted o	inquiry of the on submitted is, to ing false coverage is the industrial			
	e signed according to ACT23, T-5 of the Gen	eral Permit, as follows:					
<ul> <li>For a corporation, by a responsible</li> <li>For a partnership, by a general part</li> </ul>	•						
- For a sole proprietorship, by the pro-		or, or ranking elected official.					
After signing please mail to:	Chief, Environmental Permits Divis						
S Promo man vo.	MS Department of Environmental		itrol				
	P.O. Box 2261 Jackson, Mississippi 39225						

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Revised: 10/16/09