MISSISIPI DEPARTMENT OF ENVIRONMENTAL QUALITY

NOTIFICATION OF CONSTRUCTION AIR FORM

READY-MIX CONCRETE GENERAL PERMIT COVERAGE NUMBER MSG11__ __ __ __



Instructions: This form should be completed and submitted for the following construction milestones for both initial construction of a facility as well as a major modification to a facility (as defined in ACT 7, Condition T-9 of the general permit). The deadlines for submitting this form, as specified in ACT 3, Condition S-1 of the general permit, are as follows:

- Part A Notification of Start of Construction: Within 15 days after beginning actual construction.
- Part B Notification of Completion of Construction: Prior to startup of the facility or modified equipment.
- Part C Notification of Suspension of Construction: Within 18 months of obtaining coverage or last performing a construction activity, whichever is later.

Parts A and B may be completed on the same form if both deadlines specified above can be met. Mark each section that applies.

applies.		
Company Name:	Facility Name:	
Facility Street Address:	City:	County:
Contact Person: Phone No.:	Email:	
Mailing Address: City:	State:	Zip:
Is or will this facility be a Synthetic Minor source upon startup (i.e., max. capacity exceeds 150 yd³/hr)? ☐ Yes ☐ No		
☐ PART A – NOTIFICATION OF START OF CONSTRUCTION		
Construction / Major Modification of facility's air emissions sources b	egan on:	(DATE)
☐ PART B – NOTIFICATION OF COMPLETION OF CONSTRUCTION		
Construction / Major Modification of facility's air emissions sources w	/as completed on:	(DATE)
☐ PART C – NOTIFICATION OF SUSPENSION OF CONSTRUCTION		
Construction / Major Modification of facility's air emissions sources w	as suspended on:	(DATE)
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	Date	
Printed Name	Title	
*A responsible official must be a corporate officer or facility mana	ger delegated authorization to sign o	locuments.