

Facility Name:

MONTHLY SPILL & LEAK LOG

READY-MIX CONCRETE GENERAL PERMIT



MISSISSIPPI DEPARTMENT O ENVIRONMENTAL QUALIT	Facility Name:				Month:		MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL OUALITY	
	Cove	rage N	umber: MSG11_		Year:			
Log Sheet propermit. If no spuse an alterna	vided by MDE0 pills have occu ate form to reco	Q at <u>www</u> irred, the ord this in	.mdeq.ms.gov/rmcgr form shall be compl formation, so long a	 A separate form leted by checking s it includes all of 	shall be completed the first box and si f the information in	I for each month that igning at the bottom this form and it is u	cumented on the Monthly S t the facility is covered under , as indicated. Coverage re pdated monthly. The comp 2020 RMCGP ACT5 T-2(4)	er this general ecipients may leted monthly
☐ No spills	s have occurre	ed this m	onth.					
Date of Spill	Material S	pilled	Quantity Spilled (specify units)	Area of Spill	Did spill result in a discharge? (Yes/No)	Injury / Property Damage? (Yes/No)	Person(s) involved in cleanup	Date reported to MDEQ (if significant)
Corrective Action	ons(s) Taken:							
Date of Spill	Material S	pilled	Quantity Spilled (specify units)	Area of Spill	Did spill result in a discharge? (Yes/No)	Injury / Property Damage? (Yes/No)	Person(s) involved in cleanup	Date reported to MDEQ (if significant)
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		_						
Corrective Action	ons(s) Taken:							
"I certify under	penalty of law	that this	report is true, accura	te, and complete,	to the best of my k	nowledge and belie	f."	
Inspector Name:			Inspector Signature:			Date:		