



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

READY-MIX CONCRETE NOTICE OF INTENT (RMGNOI)
FOR COVERAGE UNDER READY-MIX CONCRETE
GENERAL NPDES PERMIT MSG11 ____
(Number to be assigned by State)

(file at least 90 days prior to the commencement
of regulated industrial activity)

1. GENERAL INFORMATION

NAME OF FACILITY: _____

FACILITY OWNER: _____

FACILITY OPERATOR (if different than owner):

(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

IS THIS NOTICE FOR A FACILITY THAT WILL NEED ANY OTHER PERMITS? _____
If so, circle which one(s): AIR, HAZARDOUS WASTE, PRETREATMENT, STATE
OPERATING, INDIVIDUAL NPDES, CORPS OF ENGINEERS SECTION 404,
other(s) _____

FACILITY CONTACT PERSON: _____

TELEPHONE NUMBER (INCLUDE AREA CODE): _____

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): _____

CITY: _____ STATE: _____ ZIP: _____

FACILITY LOCATION:

STREET, ROUTE OR OTHER: _____

CITY: _____ COUNTY: _____ ZIP: _____

NATURE OF BUSINESS: _____

PRIMARY SIC CODE (4-digit code with description):

ATTACH A USGS QUAD MAP SHOWING SITE LOCATION AND STORM WATER OUTFALLS.
Maps can be obtained from the Office of Geology: 601-961-5523

2. STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

LIST ANY MATERIAL HANDLING EQUIPMENT, RAW MATERIALS, INTERMEDIATE PRODUCTS, FINAL PRODUCTS, WASTE MATERIALS, BY-PRODUCTS, OR INDUSTRIAL MACHINERY EXPOSED TO STORM WATER (attach additional sheet if needed):

ATTACH A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) IF A CURRENT APPROVED PLAN HAS NOT ALREADY BEEN SUBMITTED TO THE MDEQ.

IF USING AN ASSOCIATION OR GENERIC SWPPP ALREADY SUBMITTED, GIVE NAME:

ATTACH A COPY OF ANY EXISTING LABORATORY DATA YOU HAVE FOR EACH STORM WATER OUTFALL. IF MULTIPLE SAMPLING HAS BEEN PERFORMED, PROVIDE A SUMMARY FOR EACH PARAMETER, INCLUDING SAMPLING DATES AND THE MINIMUM, AVERAGE AND MAXIMUM VALUES.

3. PROCESS WASTEWATER DISCHARGES

PLEASE INDICATE IF WASTEWATER IS DISCHARGED TO WATERS OF THE STATE FROM THE INDICATED OPERATIONS:

- Truck Wash-off _____ Yes _____ No
- Central Mixer Washout _____ Yes _____ No
- Mixer Truck Washout _____ Yes _____ No
- Chute Rinse-Off _____ Yes _____ No
- Equipment Clean-Up Water _____ Yes _____ No
- Other: _____

PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFALL:

PROVIDE THE NAME OF THE RECEIVING STREAM OF EACH DISCHARGE POINT:

DESCRIBE THE TYPE OF WASTEWATER TREATMENT PROVIDED: _____

PROVIDE THE FREQUENCY OF DISCHARGE PER OUTFALL (i.e. daily, weekly, monthly, etc.): _____

WHAT IS THE VOLUME OF WASTEWATER DISCHARGED ON A DAILY BASIS PER OUTFALL?

PROVIDE A MATERIAL SAFETY DATA SHEET ON ALL CHEMICALS USED WHICH POTENTIALLY COULD BE FOUND IN THE WASTEWATER: _____

4. STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

(To be completed only for activities in which 5 acres or more will be disturbed)

PRIME CONTRACTOR CONTACT PERSON: _____

PRIME CONTRACTOR COMPANY: _____

PRIME CONTRACTOR STREET (P.O. BOX) _____

PRIME CONTRACTOR CITY: _____

PRIME CONTRACTOR PHONE # (INCLUDE AREA CODE) _____

PROJECT NAME: _____

TOTAL ACREAGE THAT WILL BE DISTURBED: _____

RECEIVING STREAM(S): _____

EST. START DATE: _____ EST. COMPLETION DATE: _____

TYPE SOIL ON SITE: _____ TYPE OF PROPOSED FILL: _____

PERMIT COVERAGE FOR SEPARATE BORROW AND TOPPING PITS MAY BE NEEDED AND MUST BE APPLIED FOR SEPARATELY.

ATTACH A STORM WATER POLLUTION PREVENTION PLAN (SWPPP). (SEE PERMIT)

INDICATE ANY ASSOCIATION OR GENERIC SWPPP: _____

INDICATE ANY LOCAL ORDINANCE WITH WHICH SWPPP COMPLIES: _____

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 fine and imprisonment for knowing violations.

Signature¹ (Must be signed by _____ DATE SIGNED _____
operator when different than owner)

Printed Name¹ _____ Title _____

- ¹This application shall be signed according to the General Permit, Part V.E., as follows:
- For a corporation, by a responsible corporate officer.
 - For a partnership, by a general partner.
 - For a sole proprietorship, by the proprietor.
 - For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.
 - Duly Authorized Representative.

8/6/98