



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

## **HOT MIX ASPHALT MULTIMEDIA GENERAL PERMIT MSR70**

# **HOT MIX ASPHALT GENERAL PERMIT FORMS PACKAGE**

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**These standard forms are used to apply for permit coverage under the Hot Mix Asphalt General Permit (MSR70) and for submittals and record keeping after permit coverage has been granted. The forms are in Adobe format on our website at [www.deq.state.ms.us](http://www.deq.state.ms.us). Required information can be completed on screen, printed and signed.**

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# HOT MIX ASPHALT NOTICE OF INTENT (HMANOI) FOR COVERAGE UNDER MULTIMEDIA HOT MIX ASPHALT GENERAL NPDES PERMIT MSR70 \_\_\_\_\_

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 60 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED INDUSTRIAL ACTIVITY

## INSTRUCTIONS

Applicant must be owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance.

Submittals with this HMANOI must include:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with industrial activity, developed in accordance with the requirements of ACT11 of the General Permit
- A detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-2 (4) of the General Permit
- A United States Geological Survey (USGS) quadrangle map or photocopy, extending at least one-half mile beyond the facility property boundaries with the site location and outfalls outlined or highlighted. The name of the quadrangle map must be shown on all copies. Quadrangle maps can be obtained from the MDEQ, Office of Geology at 601-961-5523
- Contiguous landowner notification (ACT4, S-5) and/or proof of public notice (ACT4, S-4)

Additional submittals that may be required with the HMANOI:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with construction activity, developed in accordance with the requirements of ACT17 of the General Permit.
- If storm water discharges associated with construction activity are proposed, a detailed site drawing showing the property layout and indicating the features outlined in ACT17, T-10 of the General Permit.
- Appropriate Section 404 documentation from the U.S. Army Corps of Engineers
- Where previous sampling and analyses have been performed, copies of any existing laboratory data 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.

**ALL QUESTIONS MUST BE ANSWERED** (Answer "NA" if not applicable)

APPLICANT IS THE:  OWNER  OPERATOR (Check one or both)

## OWNER INFORMATION

OWNER CONTACT NAME & POSITION: \_\_\_\_\_

OWNER COMPANY NAME: \_\_\_\_\_

OWNER STREET OR P.O. BOX: \_\_\_\_\_

OWNER CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER PHONE NUMBER (INCLUDE AREA CODE): \_\_\_\_\_

## OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: _____		
OPERATOR COMPANY: _____		
OPERATOR STREET OR P.O. BOX: _____		
OPERATOR CITY: _____	STATE: _____	ZIP: _____
OPERATOR PHONE NUMBER (INCLUDE AREA CODE): _____		

## FACILITY INFORMATION

FACILITY NAME: _____	
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD):	
STREET: _____	CITY: _____
COUNTY: _____	ZIP: _____
LATITUDE: ____ degrees ____ minutes ____ seconds	LONGITUDE: ____ degrees ____ minutes ____ seconds
METHOD USED TO DETERMINE LAT & LONG (GPS of Plant Entrance or Map Interpolation): _____	
NATURE OF BUSINESS (INCLUDE 4 – DIGIT STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)):	
Primary SIC Code: _____	Secondary SIC Code: _____
LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY: _____	
RECEIVING STREAM: _____	

## STORM WATER 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 pages, if necessary): _____ _____
--

## STORM WATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

(To be completed only for activities in which 1 (one) acre or greater will be disturbed)

PRIME CONTRACTOR NAME: _____	
PRIME CONTRACTOR COMPANY: _____	
PRIME CONTRACTOR STREET OR P.O. BOX: _____	
PRIME CONTRACTOR CITY: _____	STATE: _____ ZIP: _____
PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA CODE): _____	
TOTAL ACREAGE THAT WILL BE DISTURBED: _____	
ESTIMATED START DATE: _____	ESTIMATED COMPLETION DATE: _____
INDICATE ANY LOCAL ORDINANCE REQUIREMENTS: _____	

## AIR EMISSIONS

EMISSION POINT REF. NO./NAME: \_\_\_\_\_ TYPE OF PLANT:  BATCH  DRUM  
MANUFACTURERS NAME AND MODEL NO.: \_\_\_\_\_ DATE PLANT MANUFACTURED: \_\_\_\_\_

PRODUCTION: Rated capacity of dryer \_\_\_\_\_ tons/hour Normal max. rate \_\_\_\_\_ tons/hour Annual \_\_\_\_\_ tons/yr

DRYER: Length \_\_\_\_\_ feet Diameter: \_\_\_\_\_ feet

BURNER: Manufacturers Name and Model No.: \_\_\_\_\_ Rated Capacity: \_\_\_\_\_ Btu/hour

PRIMARY FUEL:  Gas  Oil  Other (specify): \_\_\_\_\_

CONSUMPTION: Gas \_\_\_\_\_ ft<sup>3</sup>/hour Oil \_\_\_\_\_ gal/hour Other (specify units) \_\_\_\_\_

HEAT VALUE: Gas \_\_\_\_\_ Btu/ft<sup>3</sup> Oil \_\_\_\_\_ Btu/gal Other (specify units) \_\_\_\_\_

SULFUR CONTENT: \_\_\_\_\_% ASH CONTENT: \_\_\_\_\_% DENSITY OF FUEL OIL (if applicable): \_\_\_\_\_ lb/ft<sup>3</sup>

AUXILIARY FUEL:  Gas  Oil  Other (specify): \_\_\_\_\_

CONSUMPTION: Gas \_\_\_\_\_ ft<sup>3</sup>/hour Oil \_\_\_\_\_ gal/hour Other (specify units) \_\_\_\_\_

HEAT VALUE: Gas \_\_\_\_\_ Btu/ft<sup>3</sup> Oil \_\_\_\_\_ Btu/gal Other (specify units) \_\_\_\_\_

SULFUR CONTENT: \_\_\_\_\_% ASH CONTENT: \_\_\_\_\_% DENSITY OF FUEL OIL (if applicable): \_\_\_\_\_ lb/ft<sup>3</sup>

DOES THIS EMISSION POINT HAVE AIR POLLUTION CONTROL EQUIPMENT?  YES  NO

IF YES, DESCRIBE: \_\_\_\_\_

ARE THE SHAKER SCREENS HOODED AND VENTED TO AIR EMISSION CONTROL SYSTEM:  YES  NO

ARE THE HOT ELEVATOR AND BINS VENTED TO THE AIR EMISSION CONTROL SYSTEM:  YES  NO

IN-PLANT ROADS WILL BE:  Water-Sprinkled  Paved  Other, describe: \_\_\_\_\_

ARE THERE ANY STATIONARY INTERNAL COMBUSTION ENGINES AT THE PLANT:  YES  NO

If YES, list type(s) (e.g., combustion ignition, spark ignition), horsepower, and date(s) of manufacture for each:

**NOTE:** If this NOI includes the construction of new air emissions sources, the approval to construct will expire if construction does not begin within eighteen (18) months from the date of coverage issuance or if construction begins and is suspended for eighteen (18) months or more.

## CERTIFICATION

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.

\_\_\_\_\_  
Authorized Signature<sup>1</sup>

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name<sup>1</sup>

\_\_\_\_\_  
Title

<sup>1</sup>This application shall be signed according to ACT23, T-5 of the General Permit, 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, the mayor, or ranking elected official.

Please submit the HMANOI form to: Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

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**HOT MIX ASPHALT GENERAL PERMIT  
COVERAGE NUMBER (MSR70 \_ \_ \_ \_)**

**NOTIFICATION OF CONSTRUCTION / MODIFICATION OF AIR EMISSIONS SOURCES**

**INSTRUCTIONS**

In accordance with ACT6 (New Source Performance Standards) of the Hot Mix Asphalt General Permit, notifications shall be submitted to MDEQ regarding the start and end dates of the construction of new air emissions sources or the modification of existing air emissions sources.

Part A of this form shall be used to notify MDEQ of the start of construction or modification, which is due within 15 days of the start of construction or modification.

Part B of this form shall be used to notify MDEQ of the end of construction or modification, which is due within 30 days of the end of construction or modification.

For short duration projects, the coverage recipient may complete both Parts A and B on a single submittal, so long as the 15-day construction start notification and the 30-day end of construction notification deadlines can be met.

**COVERAGE RECIPIENT INFORMATION**

COMPANY NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_  
FACILITY LOCATION (street address or nearest named road): \_\_\_\_\_  
FACILITY CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_

**PART A – Construction Start**

Construction / Modification of the air emissions source(s) at the covered facility began on \_\_\_\_\_, 20\_\_\_\_.

**PART B – Construction Complete**

Construction / Modification of the air emissions source(s) at the covered facility was completed on \_\_\_\_\_, 20\_\_\_\_.

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.

\_\_\_\_\_  
**Authorized Signature<sup>1</sup>**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

**Submit this form to:**

**Chief, Environmental Permits Division  
MDEQ, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225**

Revised: 09/17/14

<sup>1</sup> This form shall be submitted with an original signature by an authorized individual in accordance with ACT 23, T-5 or T-6 of the General Permit.

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Public Notice  
Mississippi Environmental Quality Permit Board  
P. O. Box 2261  
Jackson, Mississippi 39225  
Telephone No. (601) 961-5171

(Date Notice Begins in Area Paper) \_\_\_\_\_  
(Name): \_\_\_\_\_ at (Facility Address: Street, City, Zip) \_\_\_\_\_  
\_\_\_\_\_ has applied to the Mississippi Department of Environmental Quality (MDEQ) for coverage and/or modification under MDEQ's Multimedia Hot Mix Asphalt Facility General Permit MSR70 to construct and operate an asphalt plant. Such construction and operation may involve the clearing, grading, and excavation of land, and will involve the discharge of storm water and the operation of air emissions equipment during the operation of the facility.

General Permit MSR70 has been developed to ensure compliance with all State and Federal regulations. Facilities granted coverage under this permit and adhering to the conditions contained therein should operate within State and Federal environmental laws and standards concerning storm water discharges and the operation of air emissions equipment.

The staff of the Mississippi Environmental Quality Permit Board is soliciting all relative information pertaining to the proposed facility, including public comment, to ensure that the above referenced facility meets the eligibility requirements of the general permit. An important element of staff evaluation is public review and comment. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon the proposed determinations are invited to submit comments in writing to the Chief, Environmental Permits Division at the Permit Board's address shown above, no later than the end of the thirty (30) day public notice. All comments received by this date will be considered in the formulation of final determinations regarding the application. A public hearing will be held if the Permit Board finds a significant degree of public interest in the proposed project. The Permit Board is limited in the scope of its analysis to environmental impact. Any comments relative to zoning or economic and social impacts are within the jurisdiction of local zoning and planning authorities and should be addressed to those authorities.

A copy of the general permit is available on the Mississippi Department of Environmental Quality's website at [www.deq.state.ms.us/MDEQ.nsf/page/epd\\_epdgeneral](http://www.deq.state.ms.us/MDEQ.nsf/page/epd_epdgeneral) or by writing or calling the above Permit Board address and telephone number. This general permit is also available for review at the following locations during normal business hours.

Mississippi Department of Environmental Quality  
Office of Pollution Control  
515 East Amite Street  
Jackson, Mississippi 39201

(Local Library Address)

Please bring the foregoing to the attention of persons whom you know will be interested.

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**Library Form**

DATE

\_\_\_\_\_

Dear \_\_\_\_\_:

Re: Name of Facility  
Permit Number  
City, County,  
Mississippi

Enclosed is a copy of the public notice for comment on the request by \_\_\_\_\_ for coverage under the State of Mississippi's Hot Mix Asphalt Multimedia General Permit at the facility in \_\_\_\_\_, Mississippi. Please post this notice in the library.

Also, enclosed is a copy of information pertinent to the above request. This information should be kept on hand for review by the public until \_\_\_\_\_, after which it may be discarded. The public may photocopy all or any portion of this information, but it should not leave the library.

Finally, enclosed please find a duplication of this letter with a place for your signature and the date acknowledging your receipt of the package and your agreement to carry out our request. A self-addressed stamped envelope is enclosed for your convenience.

We are attempting to keep the public informed of and involved in this Office's actions regarding permitting of new and expanding industry. Since access to the public library is so convenient for so many we hope to use these facilities as often as possible. Your cooperation in this matter is greatly appreciated.

If you have any questions, please contact me at \_\_\_\_\_ or contact the Construction and Building Materials Branch of the Mississippi Department of Environmental Quality at (601) 961-5171.

Sincerely,

\_\_\_\_\_

Attachment

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**Acknowledgement Library Form**

DATE

\_\_\_\_\_

Dear \_\_\_\_\_:

Re: Name of Facility  
Permit Number  
City, County,  
Mississippi

Enclosed is a copy of the public notice for comment on the request by \_\_\_\_\_ for coverage under the State of Mississippi's Multimedia Hot Mix Asphalt Facility General Permit (MSR70) at the facility in \_\_\_\_\_, Mississippi. Please post this notice in the library.

Also, enclosed is a copy of information pertinent to the above request. This information should be kept on hand for review by the public until \_\_\_\_\_, after which it may be discarded. The public may photocopy all or any portion of this information, but it should not leave the library.

Finally, enclosed please find a duplication of this letter with a place for your signature and the date acknowledging your receipt of the package and your agreement to carry out our request. A self-addressed stamped envelope is enclosed for your convenience.

We are attempting to better keep the public informed of and involved in this action regarding permitting of new and expanding industry. Since access to the public library is so convenient for so many we hope to use these facilities as often as possible. Your cooperation in this matter is greatly appreciated.

If you have any questions, please contact me at \_\_\_\_\_ or contact the Construction and Building Materials Branch of the Mississippi Department of Environmental Quality at (601) 961-5171.

Sincerely,

\_\_\_\_\_

Attachment

**Received and Agreed to by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

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**CONTIGUOUS LANDOWNER NOTIFICATION OF A HOT MIX ASPHALT FACILITY**

I, \_\_\_\_\_, (please print authorized name of company) am proposing to construct and operate or modify a Hot Mix Asphalt facility at \_\_\_\_\_ (print complete address with county). The facility processes will include the operation of air emissions equipment and the discharge of storm water. In addition, construction activities such as clearing, grading and excavating may also be involved. This notification is to provide you with an opportunity to comment to the Mississippi Department of Environmental Quality Permit Board regarding the granting of permit coverage under the Multimedia Hot Mix Asphalt Facility General Permit.

This notice has been sent to you by Certified Mail - Return Receipt Requested. If you have no comments regarding this proposed facility, no response is necessary and the permitting process will continue. If you have any comments, they must be received by the Mississippi Department of Environmental Quality within 10 days of receipt. **The Department of Environmental Quality is limited in its review of this project to those environmental issues in which statutory authority has been given.** Any comments relative to zoning or economic and social impacts are within the jurisdiction of local zoning and planning authorities and should be addressed to those authorities. Comments are to be mailed to the following address:

**Chief, Environmental Permits Division  
Mississippi Department of Environmental Quality  
P. O. Box 2261  
Jackson, Mississippi 39225**

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**HOT MIX ASPHALT GENERAL PERMIT  
 COVERAGE NUMBER (MSR70 \_\_\_ \_\_ \_\_ \_\_)  
 ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPPP EVALUATION REPORT  
 (FOR INDUSTRIAL STORM WATER ACTIVITY)**



Results of the inspections required by ACT13 of this permit shall be recorded on this report form and submitted annually (postmarked no later than the 28th day of January for the preceding calendar year). Copies of all completed forms shall be retained with the SWPPP. Inspections must be performed monthly. Resubmittal of the Storm Water Pollution Prevention Plan (SWPPP) for recoverage is not required if the SWPPP is on-site, current and adequately addresses the sources of pollution at the operation. The coverage number must be listed at the top of all Site Inspection Report Forms.

**COVERAGE RECIPIENT INFORMATION**

COMPANY NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

FACILITY LOCATION (street address or nearest named road): \_\_\_\_\_

FACILITY CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**INSPECTION DOCUMENTATION**

DATE (mm/dd/yy)	TIME (hh:mm AM/PM)	ANY DEFICIENCIES?		IF YES, WERE CORRECTIVE ACTIONS TAKEN?		INSPECTOR(S)
		Yes	No	Yes	No	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): \_\_\_\_\_

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Pollution Control and sound engineering practices as required by the above referenced permit. I further certify that the HMANOI and SWPPP information on file with MDEQ is up to date.

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 gather and evaluate the information submitted. 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. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

Please submit this form to:  
 Chief, Environmental Compliance and Enforcement Division  
 MDEQ, Office of Pollution Control  
 P.O. Box 2261  
 Jackson, Mississippi 39225

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# FOR CONSTRUCTION STORM WATER ACTIVITY ONLY

Keep a Copy Available at the Permitted Facility or Locally Available  
 Submit the Inspection Reports Only if Requested by the Mississippi Department of Environmental Quality (MDEQ)

## HOT MIX ASPHALT GENERAL PERMIT INSPECTION AND CERTIFICATION FORM COVERAGE NUMBER (MSR70 \_\_\_\_\_)



### INSTRUCTIONS

Results of construction storm water inspections required by ACT18, S-4 of this permit shall be recorded on this report form and kept with the construction storm water SWPPP in accordance with the inspection documentation provisions of ACT19, R-1 of the this permit. Inspections shall be performed at least weekly for a minimum of four inspections per month. The coverage number must be listed at the top of all Inspection and Certification Forms.

### COVERAGE RECIPIENT INFORMATION

OPERATOR COMPANY NAME: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

FACILITY STREET ADDRESS: \_\_\_\_\_

FACILITY CITY: \_\_\_\_\_ FACILITY COUNTY: \_\_\_\_\_

OPERATOR MAILING ADDRESS: \_\_\_\_\_

MAILING CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_

### INSPECTION DOCUMENTATION

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the construction storm water Storm Water Pollution Prevention Plan and sound engineering practices as required by the above referenced permit. I further certify that the HMANOI and construction storm water SWPPP information is up to date.

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 gather and evaluate the information submitted. 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. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# REQUEST FOR TERMINATION OF CONSTRUCTION EROSION AND SEDIMENT CONTROL INSPECTIONS

(CONSTRUCTION STORM WATER EROSION & SEDIMENT CONTROL INSPECTION REQUIREMENTS ARE FOUND IN ACT18 OF THE HOT MIX ASPHALT GENERAL PERMIT)

**General NPDES Permit No. MSR70** \_\_\_ \_\_\_ \_\_\_ **County:** \_\_\_\_\_  
(Fill in your Certificate of Coverage Number and County)  
(Please Print or Type)

I, \_\_\_\_\_, (Please Print Authorized Name) certify that as of \_\_\_\_\_ (Date), all erosion and sediment controls were successfully implemented, maintained and completed in accordance with permit requirements. We do hereby request termination of the weekly erosion and sediment control inspection requirements.

\_\_\_\_\_  
Owner/Operator (Please Print)                      Signature                      Date

**Please submit this form to:**

**Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P. O. Box 2261  
Jackson, Mississippi 39225-2261**

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# MAJOR MODIFICATION FORM FOR HOT MIX ASPHALT GENERAL PERMIT MSR70



## INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the acreage or "footprint" of an existing hot mix asphalt facility, waive the siting criteria of an existing operation, or construct a new air emissions source. This form must be submitted when any of the following activities is/are being proposed (check all that apply). Copies of the signed Return-Receipts and Contiguous Landowner Notification Forms shall accompany this Major Modification Form in accordance with ACT4, S-7 of the General Permit.

- "Footprint" identified in the original HMANOI is proposed to be enlarged (a modified SWPPP and an updated USGS topographic map must be submitted).
- Applicant requests waiver of facility siting criteria prescribed in ACT5 of the General Permit.
- Applicant intends to construct new air emissions source(s)

This form must be signed by the current coverage recipient under Mississippi's Hot Mix Asphalt General Permit. A different operator must have general permit coverage transferred prior to coverage being modified. Coverage recipients are authorized to implement the proposed modifications, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

## COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 STREET OR P.O. BOX: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE # (INCLUDE AREA CODE): \_\_\_\_\_

## PROJECT INFORMATION

HOT MIX ASPHALT GENERAL PERMIT COVERAGE NUMBER: **MSR70** \_\_\_\_ \_  
 ADDITIONAL ACREAGE TO BE DISTURBED: \_\_\_\_\_ TOTAL ACREAGE: \_\_\_\_\_  
 DESCRIBE PROPOSED SITING CRITERIA WAIVER: \_\_\_\_\_  
 LIST NEW AIR EMISSIONS SOURCES: \_\_\_\_\_  
 FACILITY NAME: \_\_\_\_\_  
 CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature (must be signed by coverage recipient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Please submit this form to:  
 Chief, Environmental Permits Division  
 MS Department of Environmental Quality, Office of Pollution Control  
 P.O. Box 2261  
 Jackson, Mississippi 39225

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# Environmental Permits for Industrial Facilities

## Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).  
 For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p style="padding-left: 40px;">Street: _____</p> <p style="padding-left: 40px;">City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: (_____) _____</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p>				
<p>Item III.</p> <p>Previous Permittee<sup>1</sup>: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee<sup>1</sup>: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>				
<p>Item V.</p> <p>Industrial Activity      SIC Code: _____</p> <p>Brief Description:</p>	<p>Item VI.</p> <p>Will Facility Operations Change?    Yes _____ No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>				
<p>Item VII.</p> <p>Will Facility Name Change?    Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature<sup>2</sup>: _____</p> <p>Title: _____ Date: _____</p>				
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____ Print New Permittee<sup>1</sup> Name</p> <p>_____ New Authorized Signature<sup>2</sup></p> <p>_____ Title</p> </td> <td style="width: 50%; border: none;"> <p>_____ Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p>_____ Title</p> </td> </tr> <tr> <td style="border: none; text-align: center;"> <p>_____ Date</p> </td> <td style="border: none; text-align: center;"> <p>_____ Date</p> </td> </tr> </table>		<p>_____ Print New Permittee<sup>1</sup> Name</p> <p>_____ New Authorized Signature<sup>2</sup></p> <p>_____ Title</p>	<p>_____ Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p>_____ Title</p>	<p>_____ Date</p>	<p>_____ Date</p>
<p>_____ Print New Permittee<sup>1</sup> Name</p> <p>_____ New Authorized Signature<sup>2</sup></p> <p>_____ Title</p>	<p>_____ Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p>_____ Title</p>				
<p>_____ Date</p>	<p>_____ Date</p>				

<sup>1</sup>A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup>Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

**Mississippi Department of Environmental Quality/Office of Pollution Control**  
**P.O. Box 10385**  
**Jackson, Mississippi 39289-0385**  
**(601) 961-5171**

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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<b>Item XII. Permit(s) and/or Coverage(s) to be Transferred</b>	
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	OTHER INFORMATION:     
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# Request for Termination (RFT) of Coverage



**HOT MIX ASPHALT MULTIMEDIA GENERAL PERMIT**  
**Coverage No. MSR70** \_\_\_ \_\_\_ \_\_\_ **County** \_\_\_\_\_  
(Fill in your Certificate of Coverage Number and County)

**Facilities planning to cease regulated industrial activity and/or abandon the premises upon which it operates shall request termination of its Hot Mix Asphalt Multimedia General Permit coverage by submitting this form along with a closure plan at least 30 days prior to ceasing operations. The closure plan shall address how and when all industrial machinery, material handling equipment, manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises so that discharges associated with industrial activity have been eliminated.**

(Please Print or Type)

Facility Name: _____	Closure Date: _____	
Physical Site Street Address (if not available, indicate nearest named road): _____		
_____		
City: _____	County: _____	
Owner Company Name: _____		
Owner Company Contact Name and Position _____		
Street Address / P.O. Box: _____		
City: _____	State: _____	Zip: _____
Tel. # (____) _____		
Operator Company Name (if different than owner): _____		
Operator Contact Name and Position: _____		
Street/ Address / P.O. Box: _____		
City: _____	State: _____	Zip: _____
Tel. # (____) _____		

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 understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to emit air pollutants or discharge storm water associated with industrial activity under this general permit. Discharging pollutants associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

\_\_\_\_\_  
Authorized Name (Print)                      Telephone                      Signature                      Date Signed

<sup>1</sup>This application shall be signed according to the General Permit, ACT 23, T-5 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.

After signing please mail to: Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

Revised: 09/17/14