



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# ANNUAL AIR OPERATING FORM HOT MIX ASPHALT GENERAL PERMIT (HMAGP)



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECORDS FOR CALENDARY YEAR \_\_\_\_\_

COVERAGE NUMBER MSR70 \_\_\_\_\_

**Instructions:** This form, or equivalent, shall be used to demonstrate compliance with ACT 3, Conditions L-3. Asphalt production must be recorded on a monthly basis. If you operate a rock/RAP crusher on site that provides crushed material to an off-site plant, you must record the monthly amount of material crushed. Otherwise, mark "NO" and leave the columns blank. If you burn liquid fuel in any given month, check the appropriate month and include the total fuel burned for the month. To demonstrate compliance with the HMAGP, the monthly totals must be summed for each month (even if "0"). The 12-month total must be calculated using the current month and available data from the previous 11 months. For new sources, a 12-month total should be calculated 12 months after startup. This form shall be submitted with the annual report required in ACT 3, Condition S-1(6), and a copy shall be maintained at least five years after completion or for the duration of facility operations, whichever is shorter.

Company Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
Facility Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

	Drum Mix Batch Mix		Does Rock Crusher Supply Off-Site Source(s)? YES NO		Check and complete if Liquid Fuels are burned in the dryer for any given month		
	Monthly Production (Tons)	12-Month Rolling Total (Tons/Year)	Monthly Production (Tons)	12-Month Rolling Total (Tons/Year)		Liquid fuel usage (Gallons)	12-Month Rolling Total (Gallons/Year)
January					<input type="checkbox"/>		
February					<input type="checkbox"/>		
March					<input type="checkbox"/>		
April					<input type="checkbox"/>		
May					<input type="checkbox"/>		
June					<input type="checkbox"/>		
July					<input type="checkbox"/>		
August					<input type="checkbox"/>		
September					<input type="checkbox"/>		
October					<input type="checkbox"/>		
November					<input type="checkbox"/>		
December					<input type="checkbox"/>		

**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 manager delegated authorization to sign documents.*