



# HOT MIX ASPHALT NOTICE OF INTENT FORM



**COVERAGE NO.: MSR70** \_ \_ \_ \_

(Coverage number is located at the bottom left corner of your previous Certificate of Coverage. Leave blank if applying for new coverage.)

## COVERAGE ACTION REQUESTED

**New                      Recoverage                      Modification\***

\*If submitting a modification, include the Change Request Form available at [www.mdeq.ms.gov/hmagp](http://www.mdeq.ms.gov/hmagp).

## FACILITY INFORMATION

**Company Name:** \_\_\_\_\_ **Facility Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Title:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Physical Site Address:** **Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** **Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### GPS Coordinates at Plant Entrance

**GPS Coordinates (Degrees/Minutes/Seconds):** **Latitude:** \_\_\_\_\_ **Longitude:** \_\_\_\_\_

**Collection Method (e.g., GPS, Google Earth, etc.):** \_\_\_\_\_

## ASPHALT PLANT INFORMATION

**Type of Asphalt Plant:**      Batch      Drum      **Maximum Asphalt Production Rate:** \_\_\_\_\_ tons/hr  
(Maximum production rate should be based on the manufacturer's maximum rated plant capacity, on an hourly basis.)

**Manufactured Date of Asphalt Plant:** \_\_\_\_\_ **Date plant was last relocated:** \_\_\_\_\_  
(If a New Plant, enter "N/A" for manufactured date, date of last relocation, date of testing, etc.)

**Date of Most Recent Particulate Matter (PM) Stack Test on Asphalt Plant:** \_\_\_\_\_

**Is the Asphalt Plant currently at the site?**      YES      NO      **If No, what date was it removed?** \_\_\_\_\_      N/A

**Asphalt Dryer Rated Capacity:** \_\_\_\_\_ MMBtu/hr

**Dryer Fuels Used:**      Natural Gas      LPG      Fuel Oil      On-Spec Used Oil      Bio-derived Liquid  
(Mark all applicable fuels which may be burned.)

## ROCK / RECYCLED ASPHALT PAVEMENT (RAP) CRUSHER INFORMATION

**Do you own or operate a rock or RAP crusher at the site?**      YES      NO  
(If YES, complete the remainder of this section. If only a third party will own/operate a rock/RAP crusher at your site, mark NO. The third party is responsible for obtaining any necessary air permits to operate the rock crusher.)

**Will crushed material be provided to a plant other than the co-located HMA plant?**      YES      NO

ROCK / RECYCLED ASPHALT PAVEMENT (RAP) CRUSHER INFORMATION (continued)			
<b>Crusher Type &amp; Rated Cumulative Capacity:</b>		Fixed: _____ tons/hr	Portable: _____ tons/hr
<b>Date Rock/RAP Crusher Manufactured:</b> _____			
<b>Date of modification/reconstruction of Rock/RAP Crusher:</b> _____			N/A
<b>Is Rock/RAP Crusher controlled by a baghouse or fabric filter?</b>		YES	NO
<b>Date of most recent Particulate Matter (PM) stack test on Rock/RAP Crusher:</b> _____ or _____			N/A
<b>Date of most recent Opacity (Method 9) Evaluation on Crusher and Transfer Points:</b> _____ or _____			N/A
OTHER AIR EMISSION SOURCES			
<b>Will you operate stationary emergency engines or "nonroad engines" subject to ACT3 Condition L-7 or L-8 of the HMAGP?</b>		YES	NO
<i>(If YES, complete the section below for each engine )</i>			
<i>(Note that stationary <u>non-emergency</u> engines are not allowed under this General Permit.)</i>			
<b>Number of emergency engines:</b> _____		<b>Number of nonroad engines:</b> _____	
<b>Type:</b>	Stationary	Nonroad	<b>Fuel:</b> _____ <b>hp</b> <b>Mfd. Date:</b> _____
<b>Type:</b>	Stationary	Nonroad	<b>Fuel:</b> _____ <b>hp</b> <b>Mfd. Date:</b> _____
<b>Type:</b>	Stationary	Nonroad	<b>Fuel:</b> _____ <b>hp</b> <b>Mfd. Date:</b> _____
<b>Will you operate a "gasoline dispensing facility" (see ACT6 of HMAGP for definition)?</b>		YES	NO
STORMWATER FROM INDUSTRIAL AND CONSTRUCTION ACTIVITIES			
<b>Nearest named waterbody which stormwater leaving the site will enter:</b> _____			
<b>Is a copy of the SWPPP attached?</b>		YES	NO
		<b>If no, last Revision Date:</b> _____	
<i>(A copy of the SWPPP must be attached for a New HMA plant.)</i>			
<b>If the SWPPP is based on the Industry Generic SWPPP, is it the most recent copy?</b>		YES	NO
		N/A	
<b>Does the SWPPP meet the requirements of ACT4 of the HMAGP?</b>		YES	NO
<i>(If NO, an amended SWPPP must be submitted before the NOI can be processed.)</i>			
<b>Are construction activities (e.g., clearing, grading, etc.) required or ongoing at the site?</b>		YES	NO
<b>If YES, does the total acreage of the construction activities equal or exceed 5.0 acres?</b>		YES	NO

*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 further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to emit regulated air emissions and discharge wastewater or storm water associated with industrial activity under this general permit. I understand that discharging pollutants associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.*

\_\_\_\_\_  
**Authorized Signature** (shall be signed according to ACT5, T-5 of the GP) \_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Printed Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Address** \_\_\_\_\_  
**Email**