



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

READY-MIX CONCRETE MULTIMEDIA GENERAL PERMIT MSG11

READY-MIX CONCRETE GENERAL PERMIT FORMS PACKAGE

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These standard forms are used to apply for permit coverage under the Ready-Mix Concrete General Permit (MSG11) 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. Required information can be completed on screen, printed and signed.

Revised: 03/05/14



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

READY-MIX CONCRETE NOTICE OF INTENT (RMCNOI) FOR COVERAGE UNDER MULTIMEDIA READY-MIX CONCRETE GENERAL NPDES PERMIT MSG11 _____

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 30 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 RMCNOI must include:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with industrial activity, developed in accordance with the requirements of ACT13 of the General Permit
- A detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-2 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
- Plans and specifications for any wastewater treatment facilities necessary to achieve compliance with the requirements of this permit

Additional submittals that may be required with the RMCNOI:

- A Storm Water Pollution Prevention Plan (SWPPP) addressing storm water associated with construction activity, developed in accordance with the requirements of ACT19 of the General Permit.
- Appropriate Section 404 documentation
- If storm water discharges associated with construction activity are proposed, a detailed site drawing showing the property layout and indicating the features outlined in ACT4, S-3 of the General Permit.
- Where previous sampling and analyses have been performed, copies of any existing laboratory data for each process wastewater outfall and each stormwater 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)

OWNER INFORMATION

IS APPLICANT THE OWNER OPERATOR (Check one or both)

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: _____
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: _____	
PLANT PRODUCTION RATE: _____ cubic yards/hr	
RECEIVING STREAM: _____	

STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

INDICATE ANY ASSOCIATION OR GENERIC SWPPP: _____
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): _____ _____

STORMWATER 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: _____	

PROCESS WASTEWATER DISCHARGES

DESCRIBE THE TYPE OF WASTEWATER TREATMENT: _____

PROVIDE THE LATITUDE AND LONGITUDE OF EACH WASTEWATER OUTFALL (attach additional pages, if necessary):

LATITUDE: ____ degrees ____ minutes ____ seconds LONGITUDE: ____ degrees ____ minutes ____ seconds

PROVIDE THE PROPOSED FREQUENCY OF DISCHARGE PER OUTFALL: _____

PROVIDE THE PROPOSED VOLUME OF WASTEWATER DISCHARGED PER OUTFALL (gal/day): _____

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

AIR EMISSIONS

TYPE OF BATCHING: WET DRY CENTRAL MIX

WILL WATER SPRAYS BE USED AT THE FOLLOWING LOCATIONS? STOCKPILES: YES NO

AGGREGATE BINS: YES NO CONVEYOR TRANSFER POINTS: YES NO

CEMENT SILO INFORMATION: NUMBER OF CEMENT SILOS: _____

LOADING METHOD OF SILO: _____

VOLUME OF EACH SILO: _____ cubic yards

FACILITY ROADS WILL BE: PAVED WATER SPRINKLED OTHER (SPECIFY) _____

CUBIC YARDS OF RAW MATERIALS INPUT INTO PLANT:

SAND _____ ROCK _____ CEMENT _____

DOES THIS FACILITY UTILIZE ON-SITE ROCK CRUSHERS? YES NO

IF YES, ARE THEY: PERMANENT PORTABLE

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 Signature¹

Date Signed

Printed Name¹

Title

¹This application shall be signed according to ACT25, 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 RMCNOI form to:

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



READY-MIX CONCRETE GENERAL PERMIT
COVERAGE NUMBER (MSG11 __ __ __ __)

NOTIFICATION OF CONSTRUCTION / MODIFICATION OF AIR EMISSIONS SOURCES

INSTRUCTIONS

In accordance with ACT 7 of the Ready-Mix Concrete 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 Signature¹

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: 03/05/14

¹ This form shall be submitted with an original signature by an authorized individual in accordance with ACT 25, T-5 or T-6 of the General Permit.

**CONTIGUOUS LANDOWNER NOTIFICATION OF A READY-MIX CONCRETE
FACILITY**

I, _____, (please print authorized name of company) am proposing to construct, operate and/or modify a Ready-Mix Concrete facility at _____ (print complete address with county). The facility processes will include the operation of air emissions equipment and the discharge of storm water and process wastewater. 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 General Permit for Ready-Mix Concrete facilities.

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**

**READY-MIX CONCRETE GENERAL PERMIT
 COVERAGE NUMBER (MSG11 ____ __)**
**ANNUAL COMPREHENSIVE SITE INSPECTION AND SWPPP EVALUATION REPORT
 (FOR INDUSTRIAL STORM WATER ACTIVITY)**



Results of the inspections required by ACT15 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). In addition, Appendix A of this form (see back) should be completed and submitted with this report. 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 RMCNOI 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

APPENDIX A
Annual Comprehensive Site Inspection and SWPPP Evaluation Report
Ready-Mix Concrete General Permit Coverage No. MSG11 _ _ _ _

Air Emissions

What type of air emissions control device is installed on the ready-mix plant or concrete silo? (ACT6)

Baghouse Other, specify: _____

Is the control device operating correctly? (ACT6) Yes No

Is facility control device repair and maintenance log up to date? (ACT6) Yes No

How are fugitive dust emissions from vehicular traffic controlled? (ACT8) _____

Are fugitive dust emissions from storage piles and material handling controlled? (ACT8) Yes No

Process Wastewater

Has there been an exceedance of any permit discharge limit during the past 12 months? (ACT12) Yes No

Does the facility have written procedures for the collection, preservation and analysis of treatment system effluent samples? (ACT11) Yes No

Is there any discharge or runoff of process wastewater, other than through the permitted outfall from the treatment system? (ACT12) Yes No

Industrial Stormwater

Is the Storm Water Pollution Prevention Plan (SWPPP) on-site? (ACT14) Yes No

Does the SWPPP identify all potential pollutant sources at the facility? (ACT13) Yes No

Is the SWPPP up-to-date and effective at controlling storm water pollutants? (ACT14) Yes No

Are the SWPPP's Best Management Practices (BMPs) being properly implemented? (ACT14) Yes No

Are additional BMPs needed? (ACT14) Yes No

If additional BMPs are needed, please attach required amendments to SWPPP.

Personnel Training

Does the facility have a program to provide employees initial and annual refresher training on the requirements of this permit? (ACT23) Yes No

Does the facility maintain documentation of employee training? (ACT23) Yes No

Note: "ACT **" refers to specific sections of the Ready-Mix Concrete General Permit.

Revised: 03/05/14

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)

READY-MIX CONCRETE GENERAL PERMIT INSPECTION AND CERTIFICATION FORM COVERAGE NUMBER (MSG11 ___ ___ ___)



INSTRUCTIONS

Results of construction storm water inspections required by ACT20, 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 ACT21, 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"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<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 RMCNOI 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



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 ACT20 OF THE READY-MIX CONCRETE GENERAL PERMIT)

General NPDES Permit No. MSG11 _____ **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

Revised: 03/05/14

MAJOR MODIFICATION FORM FOR READY-MIX CONCRETE GENERAL PERMIT MSG11



INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the acreage or "footprint" of an existing ready-mix concrete facility or waive the siting criteria of an existing operation. This form must be submitted when one or both 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-8 of the General Permit.

- "Footprint" identified in the original RMCNOI 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 ACTs 5 or 9 of the General Permit.
- Applicant intends to construct new air emissions source(s)

This form must be signed by the original coverage recipient under Mississippi's Ready-Mix Concrete 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

READY-MIX CONCRETE GENERAL PERMIT COVERAGE NUMBER: **MSG11** _____
 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

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 Permittee¹: _____</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 Permittee¹: _____</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 Signature²: _____</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%; margin-top: 20px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Print New Permittee¹ Name</td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Print Previous Permittee¹ Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">New Authorized Signature²</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Previous Authorized Signature²</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Title</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Title</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> </table>		Print New Permittee ¹ Name	Print Previous Permittee ¹ Name	New Authorized Signature ²	Previous Authorized Signature ²	Title	Title	Date	Date
Print New Permittee ¹ Name	Print Previous Permittee ¹ Name								
New Authorized Signature ²	Previous Authorized Signature ²								
Title	Title								
Date	Date								

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

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 2, Ch. 2, and 11 Miss. Admin. Code Pt. 6, Ch. 1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(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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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>
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Request for Termination (RFT) of Coverage



READY-MIX CONCRETE MULTIMEDIA GENERAL PERMIT
Coverage No. MSG11 _____ 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 Ready-Mix Concrete 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 discharge storm water or process wastewater 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

¹This application shall be signed according to the General Permit, ACT 25, 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: Environmental Permits Division, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

Revised: 03/05/14