



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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

(NUMBER TO BE ASSIGNED BY STATE)

FILE AT LEAST 60 DAYS PRIOR TO THE COMMENCEMENT OF THE REGULATED ACTIVITY  
(30 DAYS FOR EXISTING FACILITIES)

## 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) for the operation of the facility (see Part IV.C.)
- A detailed site drawing (Part III)
- A USGS quad map or copy showing site location and extending at least one-half of a mile beyond the site's property boundaries (maps can be obtained from the MDEQ, Office of Geology at 601-961-5523)

Submittals with this HMANOI may include:

- A SWPPP for the construction of the facility if (1) one acre or more is disturbed (Part V.A.)
- Contiguous land owner notification (Part II.G.1) and proof of public notice (Part II. G.2)
- Existing storm water monitoring data (Part IV.C.7.a.3.)

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

## 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 (Please GPS Plant Entrance) or Map Interpolation): \_\_\_\_\_

STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC): Primary \_\_\_\_\_ Secondary \_\_\_\_\_

LIST ANY OTHER PERMITS NEEDED FOR THIS FACILITY: \_\_\_\_\_

RECEIVING STREAM(s): \_\_\_\_\_

## AIR EMISSIONS EQUIPMENT

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

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

ARE IN-PLANT ROADS: Water-sprinkled  Paved  Other, describe: \_\_\_\_\_

DOES THIS FACILITY OPERATE A ROCK CRUSHER OR A RAP CRUSHER? YES  NO

DOES THIS FACILITY OPERATE A LIME SILO? YES  NO

IF YES, THE SILO MUST BE VENTED TO THE MAIN BAGHOUSE OR HAVE ITS OWN BAGHOUSE.

## STORM WATER 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): \_\_\_\_\_

ATTACH A COPY 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.

## STORM WATER ASSOCIATED WITH CONSTRUCTION ACTIVITY

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

ATTACH A COPY OF A CONSTRUCTION (SWPPP) IN ACCORDANCE WITH THE GENERAL PERMIT.

PERMIT COVERAGE FOR OFF SITE BORROW AND PITS MAY BE NEEDED AND MUST BE COVERED UNDER AN ALTERNATIVE GENERAL PERMIT.

TOTAL ACREAGE THAT WILL BE DISTURBED: \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

TYPE OF SOIL ON SITE: \_\_\_\_\_ TYPE OF PROPOSED FILL: \_\_\_\_\_

INDICATE ANY LOCAL ORDINANCE WITH WHICH THE SWPPP COMPLIES: \_\_\_\_\_

PRIME CONTRACTOR CONTACT: \_\_\_\_\_

PRIME CONTRACTOR COMPANY: \_\_\_\_\_

PRIME CONTRACTOR STREET OR P.O. BOX: \_\_\_\_\_

PRIME CONTRACTOR CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIME CONTRACTOR PHONE NUMBER (INCLUDE AREA CODE): \_\_\_\_\_

## 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.

\_\_\_\_\_  
Signature<sup>1</sup> (Must be signed by operator when different than owner)

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

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

\_\_\_\_\_  
Title

<sup>1</sup>This application shall be signed according to the General Permit, Part VII.D., 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.