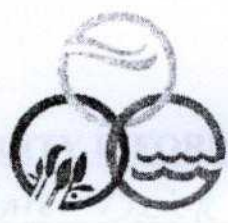
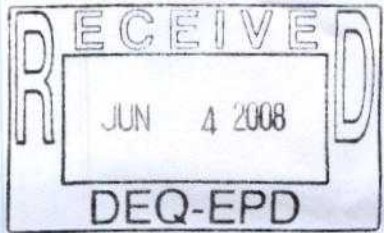


AI #35426
GMP 20080003



BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 1 85 1
(NUMBER TO BE ASSIGNED BY STATE)

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

INSTRUCTIONS

APPLICANT MUST BE THE 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 BNOI MUST INCLUDE A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) WITH THE MINIMUM COMPONENTS FOUND IN PART III.C. OF THE BASELINE STORM WATER GENERAL PERMIT. IN ADDITION, A UNITED STATES GEOLOGICAL SURVEY (USGS) QUADRANGLE MAP (OR A COPY) SHOWING SITE LOCATION AND EXTENDING AT LEAST ONE-HALF OF A MILE BEYOND THE SITE'S PROPERTY BOUNDRY IS REQUIRED. IF A COPY IS SUBMITTED, PROVIDE THE NAME OF THE QUADRANGLE MAP THAT IS FOUND IN THE UPPER RIGHT HAND CORNER. MAPS CAN BE OBTAINED FROM THE MDEQ, OFFICE OF GEOLOGY AT 601-961-5523.

All INFORMATION REQUESTS MUST BE ANSWERED (Answer "NA" if not applicable)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: R.D. Robinson
OWNER COMPANY NAME: Tr: State Brick + Tile Co.
OWNER STREET (P.O. BOX): 2050 Forest Ave.
OWNER CITY: Jackson STATE: Ms ZIP: 39286
OWNER PHONE NUMBER (INCLUDE AREA CODE): (601) - 981-1410

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: John Eschete
OPERATOR COMPANY: Tr: State Brick + tile Co.
OPERATOR STREET (P.O. BOX): 2050 Forest Ave.
OPERATOR CITY: Jackson STATE: Ms ZIP: 39286
OPERATOR PHONE NUMBER (INCLUDE AREA CODE): (601) - 981 - 1410

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

IS THIS NOTICE FOR A FACILITY THAT WILL REQUIRE OTHER PERMITS? (Yes _____ No). If yes, circle which one(s): AIR, HAZARDOUS WASTE, PRETREATMENT, STATE OPERATING, INDIVIDUAL NPDES, other(s):

HOW WILL SANITARY SEWAGE BE DISPOSED? N/A

INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE FACILITY MUST COMPLY AND SUBMIT ANY DOCUMENTATION OF APPROVAL.

N/A

IS TREATMENT OF STORM WATER PROVIDED AT ANY OUTFALL? IF SO, DESCRIBE: _____

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.

John W. Eschle Jr.
Signature¹ (Must be signed by operator when different than owner)

4-2-08
Date Signed

John W. Eschle Jr.
Printed Name¹

Mining Supervisor
Title

¹This application shall be signed according to the General Permit, Part V.E., 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.