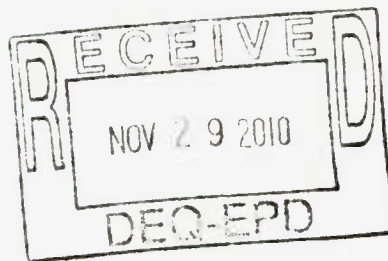


AE #19127  
Gnp20100001

Hand delivered 11/29/10 20



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY



LAND DISPOSAL NOTICE OF INTENT (LDNOI)  
FOR COVERAGE UNDER LAND DISPOSAL STORM WATER  
GENERAL NPDES PERMIT MSR50 0137  
(Number to be assigned by State)

(file at least 60 days prior to the commencement  
of regulated industrial activity)

NAME OF FACILITY: Mt. Helm Road Class I Rubbish Landfill

FACILITY OWNER: Southern Environmental Group, Inc.

FACILITY OPERATOR (if different than owner):

Foshee Construction Company, Inc.  
(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

IS THIS NOTICE FOR A FACILITY THAT WILL NEED OTHER PERMITS? yes  
If so, circle which one(s): NPDES or PRETREATMENT (for leachate),  
SOLID WASTE other(s) \_\_\_\_\_

DOES THIS FACILITY MEET THE RUN-ON AND RUNOFF CONTROLS PURSUANT TO  
SUBTITLE D OF THE SOLID WASTE DISPOSAL ACT WITH AN NPDES PERMIT FOR  
RUNOFF FROM THE ACTIVE PORTION OF THE FACILITY (40 CFR 258.26)? yes

FACILITY CONTACT PERSON: Jim Foshee

TELEPHONE NUMBER (INCLUDE AREA CODE): (601) 372-7051

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): 550 Executive Blvd.

CITY: Byram STATE: MS ZIP: 39272

FACILITY LOCATION:

STREET, ROUTE OR OTHER: 375 Mt. Helm Road

CITY: Brandon COUNTY: Rankin ZIP: 39047

ACREAGE OF LAND DISPOSAL SITE: 76 acres

YEARS OF OPERATION - FROM: 2005 TO: 2030

LIST KNOWN INDUSTRIAL WASTES DISPOSED AT THIS SITE: None

ATTACH A USGS QUAD MAP SHOWING SITE LOCATION AND STORM WATER OUTFALLS.  
Maps can be obtained from the Office of Geology: 601-961-5523

IS TREATMENT PROVIDED AT ANY STORM WATER OUTFALL? IF SO, DESCRIBE:  
No

ATTACH A STORM WATER POLLUTION PREVENTION PLAN AS REQUIRED IN THE PERMIT.  
IF USING AN ASSOCIATION OR GENERIC SWPPP ALREADY SUBMITTED, GIVE NAME:

ATTACH A COPY OF ANY EXISTING LABORATORY DATA YOU HAVE 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.

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

11/29/10  
DATE SIGNED

Jim Foshee  
Printed Name<sup>1</sup>

President  
Title

<sup>1</sup>This 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 either a principal executive officer, the mayor, or ranking elected official.

After signing, please mail to: Chief, Environmental Permits Division  
Office of Pollution Control  
P.O. Box 2261  
Jackson, MS 39225-2261