

LAND DISPOSAL NOTICE OF INTENT (LDNOI)

FOR COVERAGE UNDER LAND DISPOSAL STORM WATER

GENERAL NPDES PERMIT MSR50 O 1 1 9

(Number to be assigned by State)

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

NAME OF FACILITY: Randy and Danny, Inc., Class I Rubbish Site NON- HAZARAGS
FACILITY OWNER: Daniel L. Pitts, Owner
FACILITY OPERATOR (if different than owner):
(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) cresote
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)? GRANT WAS NEED NO PERMIT WAS NEED
FACILITY CONTACT PERSON: Daniel L. Pitts
TELEPHONE NUMBER (INCLUDE AREA CODE): (601) 477-3999
FACILITY MAILING ADDRESS:
NUMBER AND STREET (P. O. BOX): PRO. Box 134
CITY: Ellisville STATE: MS ZIP: 39437
FACILITY LOCATION:
STREET, ROUTE OR OTHER: 184 I.G. Odom Rd.
CITY: Ellisville COUNTY: Jones ZIP: 39437
ACREAGE OF LAND DISPOSAL SITE: 28 acres ALL CELLS TESTED BY GED. NO CALLERS
TEARS OF OPERATION - FROM: June, 1995 TO: Present

LIST KNOWN INDUSTRIAL WASTES DIS	SPOSED AT THIS SITE: Norfolk Southern R/R
and MDOT and Jones County Super	visors-weathered cresote timbers
	SITE LOCATION AND STORM WATER OUTFALLS. Office of Geology: 601-961-5523
IS TREATMENT PROVIDED AT ANY STO	RM WATER OUTFALL? IF SO, DESCRIBE:
See map for two ponding site	es - Exhibit "A"
PERMIT. IF USING AN ASSOCIATION NAME:	ON PREVENTION PLAN AS REQUIRED IN THE OR GENERIC SWPPP ALREADY SUBMITTED, GIVE erage Information (previously submitted-Pa.3-Item
ATTACH A COPY OF ANY EXISTING WATER OUTFALL. IF MULTIPLE S	LABORATORY DATA YOU HAVE FOR EACH STORM SAMPLING HAS BEEN PERFORMED, PROVIDE A CLUDING SAMPLING DATES AND THE MINIMUM,
were prepared under my directic system designed to assure that q evaluated the information submit or persons who manage the system for gathering the information, t of my knowledge and belief, tru that there are significant pena	that this document and all attachments on or supervision in accordance with a pullified personnel properly gathered and ited. Based on my inquiry of the person in, or those persons directly responsible the information submitted is, to the best use, accurate and complete. I am aware lities for submitting false information, fine and imprisonment for knowing
Harilf Rth	6/25/07
Signature (Must be signed by	DATE SIGNED
operator when different than owner	r)
Daniel L. Pitts	Owner/Operator
Printed Name ¹	Title
This application shall be signed accordi	ng to the General Permit,
Part V.E., as follows:	armorate officer
-For a corporation, by a responsible co	
-For a partnership, by a general partner	
-For a sole proprietorship, by the prop	
officer, the mayor, or ranking elected	blic facility, by either a principal executive official.
fter signing, please mail to: Chi	ef, Environmental Permits Division
0.55	4 F D-11

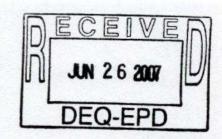
P.O. Box 10385

Jackson, MS 39289-0385

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Rev. 01/25/07





MINING NOTICE OF INTENT (MNOI) FOR COVERAGE UNDER MINING STORM WATER GENERAL NPDES PERMIT MSR32 1705

(Number to be assigned by State)

File at least 30 days prior to the commencement of mining; 15 days if a Storm Water Pollution Prevention Plan (SWPPP) is already on file. Lateral expansion of an existing mine that has storm water permit coverage does not require submittal of a new MNOI however, modification of the existing SWPPP to include the expansion is required. Also, according to 40 CFR 122.26 (b) (14) (iii), mining operations that do not discharge storm water contaminated by contact with any overburden, raw material, intermediate products, finished products, byproducts or waste products shall not be required to file a MNOI.

IS APPLICANT THE OPERATOR OR OWNER? (Circle one or both)

OPERATOR CONTACT PERSON: Harry Frierson	
OPERATOR COMPANY NAME: W.C. Fore Trucking In	nc.
OPERATOR STREET (P. O. BOX): P.O. Box 3058	
OPERATOR CITY: Gulfport	STATE: MS ZIP: 39505
OPERATOR TELEPHONE NUMBER (INCLUDE AREA	CODE): 228-469-0001
(List owner if di	fferent than operator)
OWNER CONTACT PERSON:	
OWNER COMPANY:	
OWNER STREET (P. O. BOX):	
OWNER CITY:	STATE: ZIP:
OWNER TELEPHONE NUMBER (INCLUDE AREA CO	DDE):
(Mine	information)
NAME OF MINE: Harry Frierson Mine	
STREET ADDRESS OR NEAREST NAMED ROAD: LOV	ver Bay Road
MINE LOCATION: CITY: Bay St. Louis	COUNTY: Hancock

(Mine information continued)

/4 OF/4 OF SECTION _7,13.	, 14 , TOWNSHIP 9 South , RANGE 16 West
ATTACH A USGS QUAD MAP OUTLINING MINE LO (Maps can be obtained from the Mississippi Office of Geo	
RECEIVING STREAM: No Discharge, However the cl	loses stream is Mulatto Bayou
STANDARD INDUSTRIAL CLASSIFICATION (SIC) C	ODE: _1442
MATERIAL TO BE MINED: Sand and Clay	
TOTAL ACREAGE (If modification, give original acreage)	e, expanded acreage and total acreage):
DOES THIS MINE NEED A CORPS OF ENGINEERS W	VETLANDS (Sec. 404) PERMIT? NO
WILL HYDRAULIC DREDGING BE USED? (Y/N) N	WASHING OF SAND/GRAVEL? (Y/N) N
LIST ANY: NPDES PERMIT NO. None	STATE OPERATING PERMIT NO
GEOLOGY PERMIT APPLICATION NO.	GEOLOGY PERMIT NO
HAS A "NOTICE OF EXEMPT OPERATIONS" BEEN	FILED WITH GEOLOGY? (Y/N) N
A Geology "Notice of Exempt Operations" or "Notice of I coverage will be granted under the mining storm water NI requirements call 601-961-5515.	Intent to Mine Class I or Class II Materials" must be filed befo PDES permit. For information on Office of Geology
ESTIMATED START DATE: 8/1/2007 END I	DATE: 8/1/2018
ATTACH A STORM WATER POLLUTION PREVENTI	ION PLAN (SEE PERMIT FOR REQUIREMENTS)
IDENTIFY THE ASSOCIATION OR GENERIC SWPPP	PREVIOUSLY SUBMITTED:
	nents were prepared under my direction or supervision in accordance ly gathered and evaluated the information submitted. Based on my be persons directly responsible for gathering the information, the
	true, accurate and complete. I am aware that there are significant
14/2	1-21-07
Signature \	Date Signed
Harry Frierson	Manager
Printed Name	Title
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.

Duly Authorized Representative