

# APPLICATION FOR SPECIAL EXCEPTION

Surface Mining 64.10 acres

<b>Applicant</b> L H Harris Construction	<b>Street Address of Property (if different address):</b> <i>McMillon Road</i>
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APPLICATION DATE	Present Zoning of Property	Legal Description of Property:	TAX PARCEL NUMBER	FLOOD ZONE	MAP/PLAT OF PROPERTY
9-1-2025		See (Exhibit A)	081B-10 - 002/00.00		See (Exhibit B)

**Other Comments:** As per Section 805 of the Madison County Zoning Ordinance.

Respectfully Submitted

\_\_\_\_\_  
\_\_\_\_\_

.....

Petition submitted to Madison County Planning and Development  
Commission on \_\_\_\_\_

Recommendation of Madison County Planning and Development  
Commission on Petition \_\_\_\_\_

Public Hearing date as established by the Madison County Board of  
Supervisors \_\_\_\_\_

Final disposition of Petition \_\_\_\_\_

Permit No. \_\_\_\_\_

STATE OF MISSISSIPPI

Application No. \_\_\_\_\_

**SURFACE MINING PERMIT APPLICATION****MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF GEOLOGY / MINING & RECLAMATION DIVISION**

P. O. Box 2279  
Jackson, Mississippi 39225-2279  
(601) 961-5527  
Fax (601) 961-5521

For Office use only

Other permits required: Y/N Date  
NPDES \_\_\_\_\_  
State Operating Permit \_\_\_\_\_  
Corps of Engineers \_\_\_\_\_  
\_\_\_\_\_

City/County approval  
Required Yes \_\_\_\_\_ No \_\_\_\_\_  
Received Date: \_\_\_\_\_  
County \_\_\_\_\_  
City \_\_\_\_\_

**A. GENERAL INFORMATION**

1. Name of Applicant: L H Harris Construction, LLC  
Mailing Address: 819 Robinson Road Canton, MS 39046  
E-mail Address: Lhharris50@att.net  
Phone No. 601-946-4607 Fax No. \_\_\_\_\_  
Authorized Representative Lonnie Harris
2. Engineering Firm, Consultant, etc.: Headwaters, Inc.  
Mailing Address: P.O. Box 2836 Ridgeland, MS 39158  
E-mail Address: matt@headwaters-inc.com  
Phone No. 601-634-0097 Fax No. \_\_\_\_\_
3. Name of Mine: McMillon Road Surface Mine Mine Supervisor: Lonnie Harris  
Phone No. 601-750-5111 Fax No. \_\_\_\_\_
4. Location of Operation (to nearest quarter-quarter section):  
\_\_\_\_\_ 10 & 15 Section 8 North Township 1 East Range Madison County
5. Physical address of mine or nearest named road McMillon Road
6. Method of Operation ☒ Open Pit ☐ Strip ☐ Dredge ☐ Wash Operation, if so Water Source \_\_\_\_\_  
Wash System Type ☐ Closed system ☐ Open system
7. Number of Acres to be Permitted:  
Excavation 63.17  
Haul roads, plant site, ponds, storage piles, etc. 0.93  
**TOTAL PERMITTED AREA** 64.10
8. Is the Permit Area located: Yes No  
a. within 100 feet of a public road? \_\_\_\_\_ ☒  
b. within 100 feet of a cemetery? \_\_\_\_\_ ☒  
c. within 300 feet of an occupied building? \_\_\_\_\_ ☒  
  
If YES to a, b, or c, a letter must be filed with the Office giving permission from the owner or maintaining authority to mine within these distances to the subject property.
9. Materials to be Mined: Dirt
10. Has the applicant applied for, or have, any other permits or licenses that pertain to this or any other mining operation? Yes \_\_\_\_\_ No ☒

If "YES," list them in the space provided on page 5, or attach separate pages, and give the current status of each, including any violations or penalties.

## B. MINING PROCEDURE AND ENVIRONMENTAL ANALYSIS

- |   |                                       |
|---|---------------------------------------|
| 1. Description of materials:  | 2. Anticipated Schedule (month/year)  |
| Thickness of overburden <u>1</u> ft.<br>(Topsoil <b>MUST</b> be stockpiled<br>for use during reclamation) | Begin clearing <u>09 / 2025</u>       |
| Thickness of useable material <u>10</u> ft.   | Begin mining <u>01 / 2026</u>         |
| Total depth of excavation <u>&gt;50</u> ft.   | Complete mining <u>12 / 2028</u>      |
| Estimated annual production <u>62,500</u> tons  | Begin reclamation <u>12 / 2026</u>    |
|   | Complete reclamation <u>06 / 2030</u> |
- 
- |   |   |
|---|---|
| 3. Depth to ground water: <u>&gt;25</u> ft.             | 5. Types of erosion control structures that will be utilized.   |
| 4. How will dust be controlled?                         | <input checked="" type="checkbox"/> Settling ponds <input checked="" type="checkbox"/> Drainage ditches |
| <input checked="" type="checkbox"/> Water on haul roads | <input type="checkbox"/> Diversion berms <input type="checkbox"/> Terraced slopes                       |
| <input type="checkbox"/> _____                          | <input checked="" type="checkbox"/> <u>Silt fence and brush barrier will be used along the</u>          |
- perimeter of the site.
- 
6. Describe the land to be affected by mining as it presently exists:
- a. Land use Timber      b. Predominant vegetation Hardwood Habitat
7. Will explosives be used? \_\_\_\_ Yes ☒ No      8. Is test-boring data available? Yes ☒ No
9. Are toxic materials likely to be encountered at any time? \_\_\_\_ Yes ☒ No
10. Will there be any discharge to local streams or other bodies of water? \_\_\_\_ Yes ☒ No

If any of questions 7-10 are answered "YES," provide additional information on page 5, or attach separate pages.

## C. RECLAMATION PLAN

NOTE: It is suggested that the county NRCS office be consulted for specific recommendations on the following items.

- |   |  |
|---|--|
| 1. Describe the soil handling technique for the reclamation phase of the operation:   |  |
| <input checked="" type="checkbox"/> Topsoil segregated <input type="checkbox"/> Mixed strata <input type="checkbox"/> _____ |  |
| 2. Describe the protection method for the stockpiled topsoil.   | 3. How will highwalls, standing faces, and banks be reduced to minimize erosion? (All highwalls must be sloped, minimum 3 horizontal to 1 vertical.) |
| berm around the storage pile  | <input type="checkbox"/> slopes will be terraced   |
| <input checked="" type="checkbox"/> grass cover on the pile (recommended)   | <input type="checkbox"/> sloped to a gradient of <u>3</u> to 1   |
| <input type="checkbox"/> stored under a cover   | <input checked="" type="checkbox"/> blended with surrounding contours  |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____   |

4. What is the general plan for reclamation?

- ☐ reforestation  
☒ establish grass cover  
☒ pond or lake  
☐ \_\_\_\_\_

5. What planting method will be used?

- ☒ broadcast seed    ☐ mechanical seeding  
☒ seeding by manual labor  
☐ \_\_\_\_\_

6. How will fertilizer and lime be applied and incorporated?

- ☐ harrowing    ☒ broadcasting    ☐ disking

7. Quantity of lime and fertilizer to be applied?

a. For initial planting

lime: one ton per acre

fertilizer: 13 - 13 - 13 (type)    600 pounds per acre

b. For successive years prior to 100% release

fertilizer: 13 - 13 - 13 (type)    300 pounds per acre

when: May (month)

8. Describe the planting schedule:

Tree or Seed Species	Tree spacing or lbs./acre	Planting Season
<u>common Bermuda</u>	<u>15</u>	<u>3/1 - 7/15   9/1 - 11/30</u>
<u>Bahia</u>	<u>40</u>	<u>3/1 - 7/15   9/1 - 11/30</u>
_____	_____	_____

9. Will the area be mulched?    ☐ Yes    ☒ No    If yes, rate per acre \_\_\_\_\_

Method of holding in place:    ☐ crimped    ☒ Hay

10. How will the vegetation be maintained until the final bond release?

☒ watering

☒ mowing

times per year 6

approximate month(s) April, May, June, July, August, September.

☐ repairing gullies

☒ replanting eroded areas

☐ \_\_\_\_\_

11. How will debris be disposed of when the mine is finally closed?

- ☐ burying    ☒ burning    ☐ hauling away

12. Will a soil analysis be submitted for this site?    ☒ Yes    ☐ No

NOTE: available from the Cooperative Extension Service through the applicant's County Agent

13. Estimated cost per acre for reclamation of this site:    \$1000 per acre (minimum of \$1,000 per acre)

**D. NAMES AND ADDRESSES OF PERSONS AFFECTED BY THIS OPERATION**

**1. Landowner(s) of area to be mined/leased**

Name: Mission Park Development, LLC Name: \_\_\_\_\_  
Address: 199 Eden Lane Address: \_\_\_\_\_  
Madison, MS 39110 \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Landowner(s) within 500 feet of the area – See Attached Below**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Person(s) living on permit area**

Name: None Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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I declare that I have knowledge of the facts presented in the preceding pages and in all of the items attached to this application; furthermore, I certify that they are true to the best of my knowledge.

8-20-25  
date

  
signature

\_\_\_\_\_  
Lonnie Harris  
printed name

\_\_\_\_\_  
Member  
title

### E. ADDITIONAL COMMENTS

[illegible]

If more space is required, use full sheets of paper the same size as this page. Attach all sheets to this application.

### **DESCRIPTION-TRACT 1**

A parcel or tract of land, containing **133.60 acres**, more or less, lying and being situated in the SW  $\frac{1}{4}$  and the SE  $\frac{1}{4}$  of Section 10, T8N-R1E, Madison County, Mississippi, being a part of the University of Mississippi Medical Center property as described in Deed Book 99 at Page 47 of the Records of the Office of the Chancery Clerk of said Madison County, at Canton, Mississippi and being more particularly described as follows:

**COMMENCING** at a found one-half inch iron rebar lying at the NW corner of the NE  $\frac{1}{4}$  of said Section 10, T8N-R1E, Madison County, Mississippi; thence

South along the Westerly boundary of NE  $\frac{1}{4}$  of said Section 10, T8N-R1E, for a distance of 2640.00 feet to a one-half inch iron rebar lying at the SW corner, thereof, said point also being and lying at the NW corner of the SE  $\frac{1}{4}$  of said Section 10, T8N-R1E; thence

Continue South along the Westerly boundary of the SE  $\frac{1}{4}$  of said Section 10, T8N-R1E, for a distance of 495.00 feet (7.50 chains) to a one-half inch iron rebar lying on the Southerly boundary of that certain tract of land described as "a strip of land 7.50 chains in width evenly off the North end of the SE  $\frac{1}{4}$  of Section 10, T8N-R1E" and **POINT OF BEGINNING** of the herein described property; thence

Leaving the Westerly boundary of the SE  $\frac{1}{4}$  of said Section 10, T8N-R1E, run East along the Southerly boundary of said "7.50 chain strip" for a distance of 2614.49 feet to a one-half inch iron rebar lying on the Westerly boundary of McMillon Road, as it existed in November, 2024; thence

Leaving the Southerly boundary of said "7.50 chain strip" run along the Westerly boundary of said McMillon Road to points at each of the following calls;

South 00 degrees 04 minutes 42 seconds West for a distance of 1134.49 feet to a one-half inch iron rebar; thence

South 01 degrees 02 minutes 10 seconds West for a distance of 601.32 feet to a one-half inch iron rebar; thence

South 00 degrees 53 minutes 27 seconds East for a distance of 272.31 feet to a one-half inch iron rebar; thence

Continue South 00 degrees 53 minutes 27 seconds East for a distance of 20.00 feet to the centerline of a drainage ditch, as it existed in November, 2024; thence

Leaving the Westerly boundary of said McMillon Road, run along the centerline of said existing ditch to points at each of the following calls;

South 75 degrees 11 minutes 32 seconds West for a distance of 36.58 feet; thence

South 68 degrees 56 minutes 30 seconds West for a distance of 24.27 feet; thence

North 85 degrees 27 minutes 10 seconds West for a distance of 35.10 feet; thence

North 50 degrees 46 minutes 22 seconds West for a distance of 41.81 feet; thence

North 88 degrees 21 minutes 54 seconds West for a distance of 390.82 feet; thence

North 81 degrees 57 minutes 52 seconds West for a distance of 71.30 feet; thence

North 65 degrees 00 minutes 46 seconds West for a distance of 82.12 feet; thence

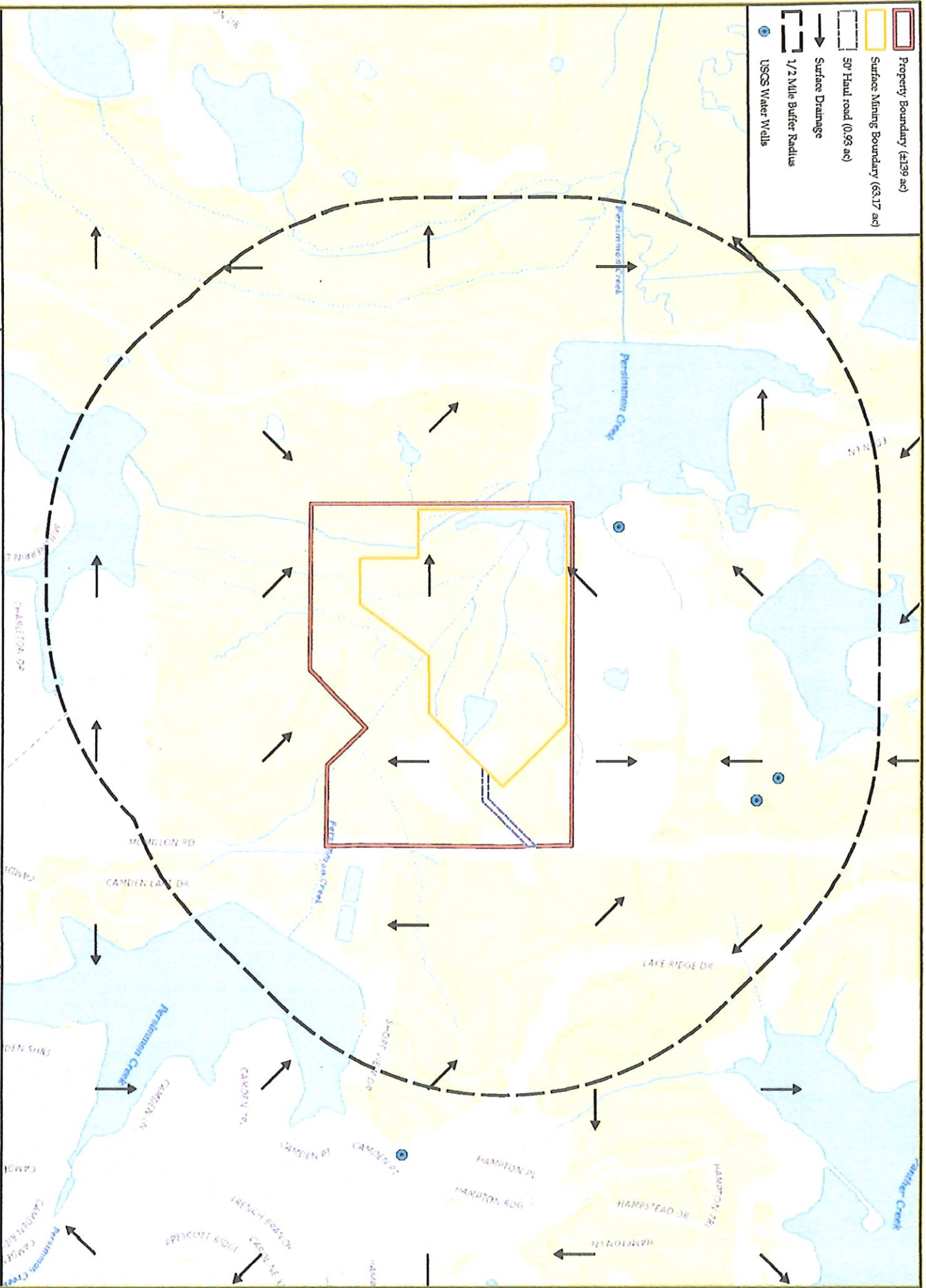




Created by: ID



	Property Boundary (±139 ac)
	Surface Mining Boundary (63.17 ac)
	50' Haul Road (0.98 ac)
	Surface Drainage
	1/2 Mile Buffer Radius
	USGS Water Wells



**HEADWATERS**  
[www.Headwaters-Info.com](http://www.Headwaters-Info.com)  
 Created by: XL

**McMillon Rd  
 Surface Mine  
 Sec. 10 & 15 - T 8N - R 1E  
 Madison County, Mississippi**

**Map #1 - USGS Topographic Map**  
 NAD 1983 2011 Shapefile Metadata View FIPS 2010 P.LUS  
 1993 (Clarke) (US) Quad Boundary



- Property Boundary (4139 ac)
- Permit Boundary (64.10 ac)
- 50' Hard road (0.93 ac)
- Surface Mining Boundary (63.17 ac)
- Dwellings



McMillon Rd  
Surface Mine  
Sec. 10 & 15 - T 8N - R 1E  
Madison County, Mississippi  
Map #2 - General Site Plan



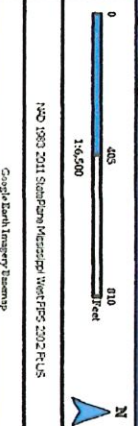
- Property Boundary (±139 ac)
- Surface Mining Boundary (63.17 ac)
- Permit Boundary (64.10 ac)
- 50' Haul road (0.93 ac)
- Dwelling

Begin Mining: 08/2026  
Complete Mining: 08/2030

**HEADWATERS**  
www.headwaters-inc.com



McMillon Rd  
Surface Mine  
Sec. 10 & 15 - T 8N - R 1E  
Madison County, Mississippi  
[Map #3 - Yearly Mining Plan](#)



NSD 1083 2011 Statewide Mapping Project 2010 P-15

Google Earth Imagery Base Map

CSA Order: 6/21/2015

Created by: JLA



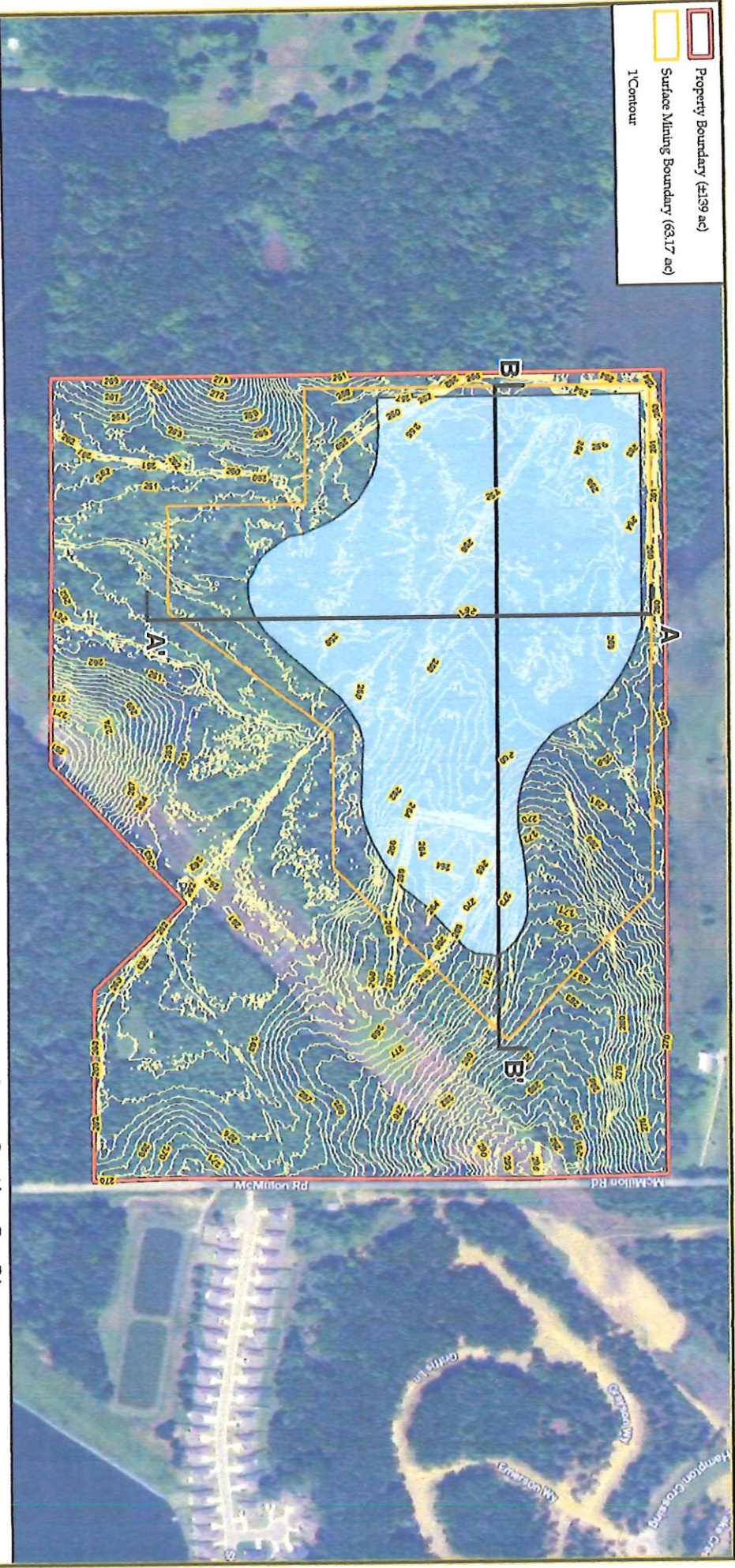
- Property Boundary (439 ac)
- 50' Haul road (0.93 ac)
- Surface Mining Boundary (63.17 ac)
- 3:1 Grass Embankment
- Permanent Grassing

Begin Reclamation: 12/2026  
 Complete Reclamation: 06/2030

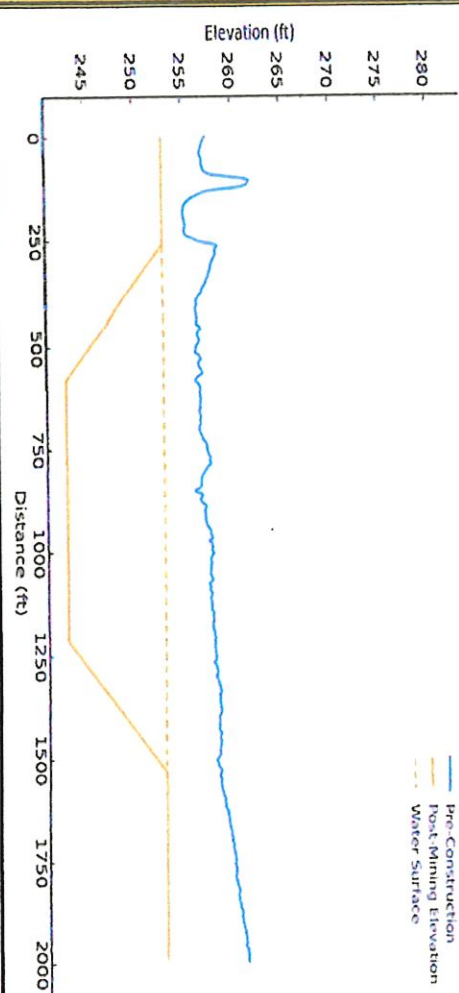




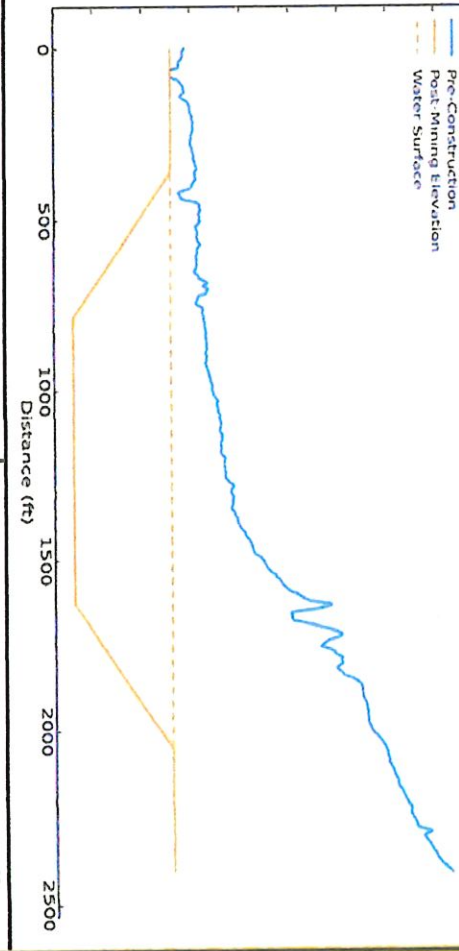
- Property Boundary (4139 ac)
- Surface Mining Boundary (63.17 ac)
- 1' Contour



Cross Section A - A'



Cross Section B - B'





- Property Boundary (±139 ac)
- Surface Mining Boundary (83.17 ac)
- 50' Haul road (0.93 ac)
- 3:1 Grass Embankment
- Permanent Grassing

Begin Reclamation: 12/2026  
 Complete Reclamation: 06/2030



HEADWATERS  
 www.headwaters-inc.com  
 Data Created: 8/21/2025  
 Created By: J.A.

McMillon Rd  
 Surface Mine  
 Sec. 10 & 15 - T 8N - R 1E  
 Madison County, Mississippi  
 Map #6 - Post-Mining Reclamation Map

0 400 800  
 1:6,500  
 1 inch = 650 feet  
 N  
 NAD 1983 2011 Satellite Imagery West PFS 2022 PUS  
 Google Earth Imagery Base Map



- Property Boundary (4139 ac)
- Surface Mining Boundary (65.17 ac)
- Permit Boundary (64.10 ac)
- 50' Haul road (0.93 ac)

ID	Latitude	Longitude
1	32.55187553	-90.18419764
2	32.55186837	-90.17828416
3	32.5504297	-90.17657489
4	32.55009378	-90.17697268
5	32.55009165	-90.17625492
6	32.55119023	-90.17493471
7	32.55100109	-90.17493047
8	32.5495402	-90.17618878
9	32.5495683	-90.17713486
10	32.54871998	-90.17859946
11	32.5487219	-90.18017032
12	32.54712089	-90.18161952
13	32.54712239	-90.18286469
14	32.54847134	-90.18286244
15	32.54847294	-90.18420326







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 1076 Highland Colony Parkway Suite 300 Ridgeland MS 39157	<b>CONTACT NAME:</b> Amber Cooper	
	<b>PHONE (A/C, No, Ext):</b> 601-863-3191	<b>FAX (A/C, No):</b> 601-420-1890
<b>INSURED</b> L. H. Harris Construction Co LLC 819 Robinson Road Canton MS 39046	<b>E-MAIL ADDRESS:</b> Amber.Cooper@ajg.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Brierfield Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 975700914

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CPP10007831403	6/30/2025	6/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA10007831303	6/30/2025	6/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB10007831603	6/30/2025	6/30/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC010007831503	6/30/2025	6/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater		CPP10007831403	6/30/2025	6/30/2026	Leased/Rented \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Headwaters, Inc.  
167 Orchard Lane  
Madison MS 39110

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Note: Miss. Code Ann. § 53-7-27 (2)(h) requires that an Application for Surface Mining Permit include a notarized statement showing the applicant's legal right to surface mine the affected area.

### CERTIFICATION OF LEGAL RIGHT TO MINE

I certify that I have the legal right to conduct surface mining operations on the property which is the subject of this application for Surface Mining Permit.

I am including a copy of the deed to the property and a copy of the Lease/Contract to surface mine the property (if applicable).

L. H. Harris Construction, LLC  
Printed/Typed Name of Applicant for Surface Mining Permit

Lonnie Harris  
Printed/Typed Name of Person Authorized to sign on behalf of Applicant

Member  
Title of Person Authorized to sign on behalf of Applicant

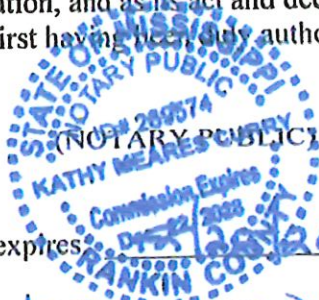
[Signature]  
Signature of Person Authorized to sign on behalf of Applicant

STATE OF Mississippi  
COUNTY OF Madison

Personally appeared before me, the undersigned authority in and for the said county and state, on this 5th day of August 2025, within my jurisdiction, the within named Lonnie Harris, who acknowledged that (he) (she) is \_\_\_\_\_ (title) of \_\_\_\_\_, a \_\_\_\_\_ (state) corporation, and that for and on behalf of the said corporation, and as its act and deed (he) (she) executed the above and foregoing instrument, after first having been duly authorized by said corporation so to do.

My Commission expires \_\_\_\_\_

[Signature]  
Kathy Meares Curry



CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING



HEADWATERS, INC. 12-89  
P.O. BOX 100  
MADISON, MS 39130  
PH. (601) 634-0097

TRUSTMARK NATIONAL BANK  
248 East Capitol St.  
Jackson, MS 39201  
85-27/653

36035

8/21/2025

PAY TO THE ORDER OF MS Department of Environmental Quality

\$ \*\*500.00

Five Hundred and 00/100\*\*\*\*\* DOLLARS

PROTECTED AGAINST FRAUD

MS Department of Environmental Quality  
PO Box 2339  
Jackson, MS 39225



MEMO

⑈036035⑈ ⑆065300279⑆ ⑈8104215315⑈

HEADWATERS, INC.

36035

MS Department of Environmental Quality

8/21/2025

500.00



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF GEOLOGY  
Mining and Reclamation Division  
P. O. Box 2279  
Jackson, Mississippi 39225-2279  
(601) 961-5515

ORGANIZATION REPORT

This is the initial and principal instrument that identifies an organization to the Office of Geology. It is imperative that it be fully and correctly executed and filed with the Office of Geology.

1. Full Name of Organization: L. H. Harris Construction, LLC
2. Post Office Box or Street Address, City, State, and Zip and Telephone Number:  
819 Robinson Road, Canton, MS 39046
3. Type of Organization (state whether corporation, partnership, limited partnership, joint venture, individual, trust, etc.): Corporation
4. If reorganized, give full name and address of previous organization.  
N/A
5. If foreign corporation, give state or country under the laws of which it was incorporated.  
N/A
6. If foreign corporation, give name and address of person registered as Mississippi agent.  
N/A
7. If limited partnership, give name of Mississippi county in which certificate detailing the organization was filed.  
N/A
8. Directors, Officers, Partners, Trustees, and General Partners\* (required of all organizations except individuals):

Title	Name	Address
<u>Member</u>	<u>Lonnie Harris</u>	<u>819 Robison Road</u> <u>Canton, MS 39046</u>

\*If separate Form MRD-1's are already on file for any partner or joint venturer, include and clearly specify the organization names that appear on those forms.

I declare that I am authorized to make this report, that it was prepared by me or under my supervision, and that facts and information stated herein are true, correct, and complete to the best of my knowledge.

<u>8/5/24</u> Date	<u>[Signature]</u> Signature
<u>L. H. Harris Construction, LLC</u> Organization	<u>Lonnie Harris</u> Name of Person (Print)
<u>819 Robinson Road</u> Street Address or P. O. Box	<u>Member</u> Title (If agent, attach authorization from operator)
<u>Canton</u> <u>MS</u> <u>39046</u> City State Zip	Telephone: <u>601 - 946-4607</u> (Area Code) (Number)