



## FACILITY INFORMATION

Facility Name: Tate County Class I and Class II Rubbish Landfill

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 4 9 5 3 Refuse Systems: Operation of a Sanitary Landfill

Receiving Stream: Arkabutla Creek

Is receiving stream on MDEQ's 303(d) List?  Yes  No

Has a TMDL been established for the receiving stream segment?  Yes  No

Physical Site Address:

Street: 592 Gravel Pit Road City: Senatobia

County: Tate Zip: 38668

Latitude: 34 degrees 39 minutes 20.7 seconds Longitude: -90 degrees 06 minutes 35.6 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS

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.

Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts?  Yes  No  
If yes, please attach a list of water priority chemicals present at the facility.

**DOCUMENTATION OF COMPLIANCE WITH OTHER  
REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits?     Yes     No

If yes, check which one(s):     Air,     Hazardous Waste,     Pretreatment,     Water State Operating,  
 Individual NPDES, or list Other(s):

MDEQ Recoverage Class I and Class II Rubbish Landfill

How will sanitary sewage be collected and treated? septic system

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

Is treatment of storm water provided at any outfall?     Yes     No

If yes, please describe: settling basin

**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.

Byron Norman Brown III

7/10/20

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

Date Signed

Byron Norman Brown, III  
Printed Name<sup>1</sup>

President/Chairman  
Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT 14, T-9, 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.

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