

AI #34926  
GMP 20060001



STATE OF MISSISSIPPI  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
JAMES L. PALMER, JR.  
EXECUTIVE DIRECTOR



LAND DISPOSAL NOTICE OF INTENT (LNOI)  
FOR COVERAGE UNDER LAND DISPOSAL STORM WATER  
GENERAL NPDES PERMIT MERSO 0117  
(Number to be assigned by State)

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

NAME OF FACILITY: Firetower Landfill

FACILITY OWNER: Firetower Landfill, LLC

FACILITY OPERATOR (if different than owner):

N/A

(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

IS THIS NOTICE FOR A FACILITY THAT WILL NEED ANY OTHER PERMITS?

If so, circle which one(s): NPDES OF 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)? \_\_\_\_\_

If yes, a storm water permit may not be needed for a city/county.

FACILITY CONTACT PERSON: Gerald Allen

TELEPHONE NUMBER (INCLUDE AREA CODE): (678) 341-7140

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): 9995 Gate Parkway, Suite 200

CITY: Jacksonville STATE: FL ZIP: 32246

FACILITY LOCATION:

STREET, ROUTE OR OTHER: 8280 Firetower Road

CITY: Pass Christian COUNTY: Harrison ZIP: 39571

ACREAGE OF LAND DISPOSAL SITE: 59.5 acres

YEARS OF OPERATION - FROM: 2007 TO: \_\_\_\_\_

LIST KNOWN INDUSTRIAL WASTES DISPOSED AT THIS SITE: Approved Class I

Rubbish

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:  
Structural controls such as diversion berms, check dams, silt fencing, or other appropriate control measures.

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.

Gerald Allen  
Signature (Must be signed by  
operator when different than owner)

Gerald Allen  
Printed Name

10/31/06

DATE SIGNED

Vice President of Landfills  
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.

6/25/96