

AI#12291

GMP20050002



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



LAND DISPOSAL NOTICE OF INTENT (LNOI)
FOR COVERAGE UNDER LAND DISPOSAL STORM WATER
GENERAL NPDES PERMIT MSR50 0LL4
(Number to be assigned by State)

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

NAME OF FACILITY: Madison South Rubbish Landfill, Inc.

FACILITY OWNER: DDB Construction Company

FACILITY OPERATOR (if different than owner):

Same

(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

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

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)? NO

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

FACILITY CONTACT PERSON: Dwayne D. Ballard

TELEPHONE NUMBER (INCLUDE AREA CODE): 601-922-2875

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): P.O. Box 500

CITY: Clinton STATE: MS ZIP: 39060

FACILITY LOCATION:

STREET, ROUTE OR OTHER: North County Line Road

CITY: Ridgeland COUNTY: Madison ZIP: 39157

ACREAGE OF LAND DISPOSAL SITE: 40 Acres

YEARS OF OPERATION - FROM: _____ TO: _____

*Facility not yet permitted for operation
OFFICE OF POLLUTION CONTROL, P. O. BOX 10385, JACKSON, MS 39289-0385, (601) 961-5171

LIST KNOWN INDUSTRIAL WASTES DISPOSED AT THIS SITE: Acceptable waste at
the proposed rubbish site will include Class I rubbish collected from residential
areas, commercial establishments, and industry within the service area.

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, not currently proposed

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 (Must be signed by
operator when different than owner)


DATE SIGNED

Dwayne D. Ballard
Printed Name

Owner/ Operator
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