AT#15240 GNP20090001



LAND DISPOSAL NOTICE OF INTENT (LDNOI)

FOR COVERAGE UNDER LAND DISPOSAL STORM WATER

GENERAL NPDES PERMIT MSR50 0 13 3

(Number to be assigned by State)

JUE 22 2000

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

NAME OF FACILITY: Grenada Cou	nty Rubbish Landfill
FACILITY OWNER: Grenada Coun	ty Board of Supervisors
FACILITY OPERATOR (if differ	rent than owner):
Chad Gray - President Grenada County Boar	d of Supervisors
(OPERATOR IS RESPONSIBLE FOR	R PERMIT COMPLIANCE)
	TY THAT WILL NEED OTHER PERMITS? Yes
SUBTITLE D OF THE SOLID W	THE RUN-ON AND RUNOFF CONTROLS PURSUANT TASTE DISPOSAL ACT WITH AN NPDES PERMIT FOR OF THE FACILITY (40 CFR 258.26)? Yes
FACILITY CONTACT PERSON: Bill TELEPHONE NUMBER (INCLUDE AF	
FACILITY MAILING ADDRESS:	
NUMBER AND STREET (P. O. E	30x): P.O. Box 1208
CITY: Grenada	STATE: MS ZIP: 38901
FACILITY LOCATION:	
STREET, ROUTE OR OTHER:	151 East Days Inn Road
CITY: Grenada	COUNTY: Grenada ZIP: 38901
ACREAGE OF LAND DISPOSAL SIT	re: 33
YEARS OF OPERATION - FROM:	1992 To : 2023

LIST	KNOWN	INDUSTRIAL	WASTES	DISPOSED	AT	THIS	SITE:	SEE ATTACHED	

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:

Yes, Sediment Basin with Stand Pipe

ATTACH A STORM WATER POLLUTION PREVENTION PLAN AS REQUIRED IN THE PERMIT. IF USING AN ASSOCIATION OR GENERIC SWPPP ALREADY SUBMITTED, GIVE NAME:

Stormwater Prevention Plan for Grenada Rubbish Landfill

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

Chad Gray

Printed Name

President - Grenada County Board of Supervisors

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.

After signing, please mail to:

Chief, Environmental Permits Division Office of Pollution Control P.O. Box 2261 Jackson, MS 39225-2261