AT#49392 GnP20110001



MAR 3 0 2011

Dept of Environmental Quality

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

NAME OF FACILITY: SCHOOLHOUSE ROAD CLASS II RUBBISH SITE
FACILITY OWNER: JACKSON COUNTY BOARD OF SUPERVISORS
FACILITY OPERATOR (if different than owner):
Jackson County Road Department: Joe O'Neal Manager (OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)
(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)
IS THIS NOTICE FOR A FACILITY THAT WILL NEED OTHER PERMITS? Yes
If so, circle which one(s): NPDES or PRETREATMENT (for leachate) SOLID WASTE, other(s)
Solid Master Other (5)
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)? Yes
FACILITY CONTACT PERSON: Joe O'Neal-Jackson County Road Manager TELEPHONE NUMBER (INCLUDE AREA CODE): (228) 826-2547
FACILITY MAILING ADDRESS:
NUMBER AND STREET (P. O. BOX): 8500 Ramsey Road
CITY: Vancleave STATE: MS ZIP: 39565
FACILITY LOCATION:
STREET, ROUTE OR OTHER: S14 T4South R8West
CITY: Vestry COUNTY: Jackson ZIP: 39565
ACREAGE OF LAND DISPOSAL SITE: 14.05
YEARS OF OPERATION - FROM: 2010 TO: Present

LIST KNOWN INDUSTRIAL WASTES DISPOSE	D AT THIS SITE: N/A
ATTACH A USGS QUAD MAP SHOWING SITE Maps can be obtained from the Off	
IS TREATMENT PROVIDED AT ANY STORM W	ATER OUTFALL? IF SO, DESCRIBE:
N/A	
IF USING AN ASSOCIATION OR GENERIC	ENTION PLAN AS REQUIRED IN THE PERMIT. SWPPP ALREADY SUBMITTED, GIVE NAME:
See attachment	
WATER OUTFALL. IF MULTIPLE SAMP	DRATORY DATA YOU HAVE FOR EACH STORM LING HAS BEEN PERFORMED, PROVIDE A DING SAMPLING DATES AND THE MINIMUM,
were prepared under my direction system designed to assure that qual evaluated the information submitted or persons who manage the system, for gathering the information, the of my knowledge and belief, true, as there are significant penalties including the possibility of f violations.	ine and imprisonment for knowing
fal O'real	3/21/11
Signature (Must be signed by operator when different than owner)	DATE SIGNED
Joe O'Neal	Road Manager
Printed Name ¹	Title
This application shall be signed according Part V.E., as follows: -For a corporation, by a responsible corporator a partnership, by a general partner. -For a sole proprietorship, by the proprietor a municipal, state or other public	orate officer.
officer, the mayor, or ranking elected of	

Rev. 01/25/07

Jackson, MS 39225-2261

P.O. Box 2261

Office of Pollution Control