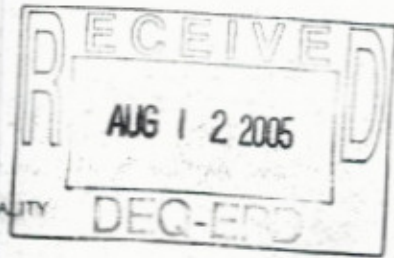


AI # 14727
GnPa050002



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 MSR50 0115
(Number to be assigned by State)

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

NAME OF FACILITY: North Gate Rubbish Landfill

FACILITY OWNER: Pine Bell Waste Systems, LLC

FACILITY OPERATOR (if different than owner):

(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

IS THIS NOTICE FOR A FACILITY THAT WILL NEED ANY OTHER PERMITS? No
If so, circle which one(s): NPDES or 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: Clarence W. Woods, III

TELEPHONE NUMBER (INCLUDE AREA CODE): 601-268-7373

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): P.O. Box 18619

CITY: Hattiesburg STATE: MS ZIP: 39402

FACILITY LOCATION:

STREET, ROUTE OR OTHER: North Gate Road and O.R. Smith Road

CITY: Hattiesburg COUNTY: Forrest ZIP: _____

ACREAGE OF LAND DISPOSAL SITE: +/- 5

YEARS OF OPERATION - FROM: New Facility TO: _____

LIST KNOWN INDUSTRIAL WASTES DISPOSED AT THIS SITE: _____

Class I Rubbish materials

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:

Should significant stormwater and leachate be generated a wet land area will be constructed for treatment and a NPDES permit will be obtained

ATTACH A STORM WATER POLLUTION PREVENTION PLAN AS REQUIRED IN THE PERMIT.

IF USING AN ASSOCIATION OR GENERIC SWPPP ALREADY SUBMITTED, GIVE NAME:

NA

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.

Clarence W. Woods

Signature¹ (Must be signed by operator when different than owner)

7/28/05

DATE SIGNED

Clarence W. Woods, III

Printed Name¹

Owner

Title

¹This 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