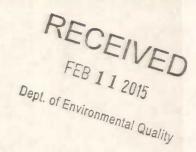
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LAND DISPOSAL NOTICE OF INTENT (LDNOI)
FOR COVERAGE UNDER LAND DISPOSAL STORM WATER
GENERAL NPDES PERMIT MSR50
(Number to be assigned by State)

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

NAME OF FACILITY: City of Louisville Class Rubbish Disposal Facility
FACILITY OWNER: City of Louisville
FACILITY OPERATOR (if different than owner):
Mr. Kenneth Morris, P.E. (OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)
IS THIS NOTICE FOR A FACILITY THAT WILL NEED OTHER PERMITS? No If so, circle which one(s): NPDES or PRETREATMENT (for leachate) SOLID WASTE, other(s) R1-019
DOES THIS FACILITY MEET THE RUN-ON AND RUNOFF CONTROLS PURSUANT T SUBTITLE D OF THE SOLID WASTE DISPOSAL ACT WITH AN NPDES PERMIT FO RUNOFF FROM THE ACTIVE PORTION OF THE FACILITY (40 CFR 258.26)? NA
FACILITY CONTACT PERSON: Mr. Kenneth Morris, P.E.
TELEPHONE NUMBER (INCLUDE AREA CODE): 662-773-9201
FACILITY MAILING ADDRESS:
NUMBER AND STREET (P. O. BOX): Post Office Box 510
CITY: Louisville STATE: MS ZIP: 39339
FACILITY LOCATION:
STREET, ROUTE OR OTHER: 3698 Landfill Road
CITY: Louisville COUNTY: Winston ZIP: 39339
ACREAGE OF LAND DISPOSAL SITE: 10.57 acres which includes a 50 foot buffer on all sides.
YEARS OF OPERATION - FROM: 04/28/2014 To: Present

LIST KNOWN INDUSTRIAL WASTES DISPOSED AT THIS SITE: None
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:
Sedimentation Pond
ATTACH A STORM WATER POLLUTION PREVENTION PLAN AS REQUIRED IN THE PERMIT IF USING AN ASSOCIATION OR GENERIC SWPPP ALREADY SUBMITTED, GIVE NAME
SWPPP City of Louisville Class I Rubbish Disposal Facility
ATTACH A COPY OF ANY EXISTING LABORATORY DATA YOU HAVE FOR EACH STORWATER OUTFALL. IF MULTIPLE SAMPLING HAS BEEN PERFORMED, PROVIDE 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 attachment were prepared under my direction or supervision in accordance with system designed to assure that qualified personnel properly gathered an 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. Or Or Or DATE SIGNED
operator when different than owner)
WILLIAM A. "WILL" HILL MAYOR Printed Name Title
¹ 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