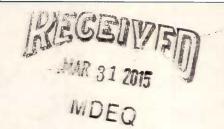
AI#11339 GAPA0150001





BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 2 1 9

MONIDER TO BE ASSIGNED BY STA

INSTRUCTIONS

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated industrial activity.

Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary is required. If a copy is submitted, provide the name of the quadrangle map that is found in the upper right hand corner. Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

THE APPLICANT IS: OWNER	OPERATOR (PLEASE CHECK ONE OR BOTH)		
OWNER INFORMATION			
Owner Contact Name: Mayor Tony Yarber	Position: Mayor		
Owner Company Name: City of Jackson			
Owner Street (P.O. Box): P.O. Box 17			
Owner City: Jackson	State: MS Zip: 39202		
Owner Phone Number (Include Area Code): (601) 960	0-1193		
OPERATOR INFORMAT	ΓΙΟΝ (if different than owner)		
Operator Contact Name: Not Applicable	Position:		
Operator Company Name:			
Operator Street (P.O. Box):			
Operator City:	State: Zip:		
Operator Phone Number (Include Area Code):			

FACILITY INFORMATION

Facility Name: City of Jackson Landfill		
Nature of Business (Include 4-digit Standard Indu	strial Classification Code (SIC) a	nd description):
SIC Code: 4 9 5 3 Refuse Systems		
Receiving Stream: Big Creek		
s receiving stream on MDEQ's 303(d) List?		✓ Yes □ No
If yes, has a TMDL been established for the recei	iving stream segment?	☑ Yes □ No
Physical Site Address:		
treet: 6810 I-55 South Frontage Road	City: Byram	
County: Hinds	Zip: 39272	
atitude: 32 degrees 8 minutes 58 seconds	Longitude: -90 degrees 10	5 minutes 38 seconds
Method Used to Determine Lat & Long (GPS (Please	GPS Plant Entrance) or Map Interpolation):	Map Interpolation
attach a copy of any existing laboratory data for exertormed, provide a summary for each paramete naximum values.	each storm water outfall. If multiper, including sampling dates and the	ple sampling has been he minimum, average and

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

		W. Film
is this notice for a facility	that will require other permits?	Yes V No
If yes, circle which one(s): list Other(s):	Air, Hazardous Waste, Pretreatment, W	ater State Operating, Individual NPDES, or
How will sanitary sewage	oe collected and treated? N/A	
Indicate any local storm wapproval.	ater ordinance with which the facility mu	ust comply and submit any documentation of
City of Jackson Storm W	ater Management Program	METERIAL STATES
Is treatment of storm water	r provided at any outfall? If so, please d	escribe:
		all sampling at the landfill. Sedimentation
ponds were designed for	the landfill (see SWPPPs attached with t	the original 2014 permit application).
accordance with a system desig submitted. Based on my inquir gathering the information, the	ned to assure that qualified personnel proper y of the person or persons who manage the s information submitted is to the best of my kn cant penalties for submitting false informatio	orepared under my direction or supervision in rly gathered and evaluated the information ystem, or those persons directly responsible for owledge and belief, true, accurate and complete. I
Signature (Must be signed by	operator when different than owner)	3/30/15 Date Signed
Printed Name	V	Mayor
 For a corporation, by a re For a partnership, by a ge For a sole proprietorship, 		
After signing please mail to:	Chief, Environmental Permits Division MS Department of Environmental Quality	y, Office of Pollution Control

P.O. Box 2261 Jackson, MS 39225