THE APPLICANT IS:

Operator Street (P.O. Box): _



OCT 1 8 2015

Dept. of Environmental Quality

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 2 4 4 4

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)

✓ OWNER ☐ OPERATOR (PLEASE CHECK ONE OR BOTH)

Owner Contact Name: Roger Applewhite	Position: MS Landfill Ma	ınag
Owner Company Name: Meridian Landfill II, LLC		
Owner Street (P.O. Box): 4205 Beasley Road		
Owner City: Gautier	State: MS Zip: 39533-50	024
Owner Phone Number (Include Area Code): 228-818-5393		
	if different than owner)	
OPERATOR INFORMATION (

Operator City: _____ State: ____ Zip:

Operator Phone Number (Include Area Code):

FACILITY INFORMATION

Facility Name: Meridian II Rubbish Landfill (a.k.a Bozeman Site)			
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and desired SIC Code: 4 9 5 3 Class I Rubbish Landfill	escription):		
Receiving Stream: Roger's Creek			
Is receiving stream on MDEQ's 303(d) List?	☐ Yes ☑ No		
If yes, has a TMDL been established for the receiving stream segment?	☐ Yes ☐ No		
Physical Site Address:			
Street: 7701 Barnhill Road City: Meridian			
County: Lauderdale Zip: 3930	Zip : 39305		
Latitude: 32 degrees 26 minutes 52 seconds Longitude: 88 degrees 45 minutes 17 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 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.			
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts? Yes No If yes, please attach a list of water priority chemicals present at the facility.			

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?	∕es □ No
If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Walist Other(s):	ter State Operating, Individual NPDES, or
Solid Waste Land Disposal	
How will sanitary sewage be collected and treated? Portable Toilet	- Hauled and Treated at POTW
Indicate any local storm water ordinance with which the facility must approval.	st comply and submit any documentation of
None.	
Is treatment of storm water provided at any outfall? If so, please de None.	scribe:
NOIC.	
CERTIFICATION	
I certify under penalty of law that this document and all attachments were practiced with a system designed to assure that qualified personnel properly submitted. Based on my inquiry of the person or persons who manage the sygathering the information, the information submitted is to the best of my known aware that there are significant penalties for submitting talse information imprisonment for knowing violations.	y gathered and evaluated the information stem, or those persons directly responsible for wledge and belief, true, accurate and complete. I
	10/8/15
Signature Wust be signed by operator when different than owner)	Date Signed
Christopher Ciaccio	Chief Operating Officer
Printed Name ¹	Title

¹This application shall be signed according to the General Permit, ACT 14, T-9, 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 principal executive officer, the mayor, or ranking elected official.

After signing please mail to:

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261 Jackson, MS 39225