



MAR 2 4 2017

Popt of Lavaranaental Quality **BASELINE NOTICE OF INTENT (BNOI)**

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 3 0 (NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (i.e., legal entity that controls the facility's operation, or the plant/site manager, not the 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

THE APPLICANT IS: **OWNER OPERATOR** (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name: Roger Applewhite	Position: Landfill Manager	
Owner Company Name: Applewhite Recycling Systems, LLC		
Owner Street (P.O. Box): Post Office Box 696		
Owner City: Gautier	State: MS	Zip: 39553
Owner Phone Number: (228) 818-5393 Owner Email:	rapplewhite@wast	eprousa.com

OPERATOR INFORMATION (if different than owner)

Operator Contact Name:	Position:	_
Operator Company Name:		
Operator Street (P.O. Box):		
Operator City:	State:Zip:	
Operator Phone Number: ()	Operator Email:	

FACILITY INFORMATION				
Facility Name: Applewhite Recycling Systems, LLC Class I Rubbish Site				
Nature of Business (Include 4–digit Standard Industrial Classification Code (SIC) and description):				
SIC Code: 4 9 5 3 Class I Rubbish Disposal Facility				
Receiving Stream: Mary Walker Bayou				
Is receiving stream on MDEQ's 303(d) List?	🗌 Yes 🗹 No			
Has a TMDL been established for the receiving stream segment?	🗌 Yes 🗹 No			
Physical Site Address:				
Street: <u>4205 Beasley Road</u> City: <u>Gautier</u>				
County: Jackson Zip: 395	Zip: <u>39553</u>			
Latitude: <u>30</u> degrees <u>24</u> minutes <u>24</u> seconds Longitude: <u>88</u> degrees <u>39</u> minutes <u>54</u> seconds				
Method Used to Determine Lat & Long (GPS of 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? If yes, please attach a list of water priority chemicals present at the facility.				

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DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

is this notice for a facility that will require other permits?	110	No
Hyes, check which oneists [] Air, [] Hazardons Waste, [] Pro [] Individual NPDES, or list Other(s)	cireatment	. 1] Water State Operating,
Class I Solid Waste Rubbish Confidente of Conorage R1 6 b		
How will sanitary sewage be collected and treated? FULW		······
Indicate any local storm water ordinance with which the facility approval.	muse (om	ply and submit any documentation of
is treatment of storm water provided at any outfall?	10	[4, No
		(*) . · O
H ves, please describe:		(r) (r)

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervising in accordance with a system designed to assure that qualified personnel property gathered and evaluated the information submitted. Based so my inquiry of the person or persons who manage the system, or those persons directly responsible for rathering the information, the information submitted is to the best of my knowledge and helief, true, acturate and complete. I in aware that there are segnificant penalties for submitting false information, including the presibility of fine and imprivations for Anoming reduisions.

Signature" (Must be signed by operator when different than owner)

Same W. Jan le Pasetral Name

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this application shall be signed according to the General Permit, ACT 14, 1-2, as follows:

- far a corporation, by a responsible corporate officer.
- I'm a partnership, by a general partner
- for a sule proprietorship, by the proprietor.

For a municipal state as other public facility, to principal executive officer, the mayor, or making elected official

Alter signing please wait to:

Chief, Environmental Permits Division MS Department at Environmental Quality suffice of Pollation Control P.O. Box 2261 Jackson, MN 19725

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