AI #19063 Gn P20170001





BASELINE NOTICE OF INTENT (BI

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2329

(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:	OPERATOR (PLEASE CHECK ONE OR BOTH	
OWNE	RINFORMATION	
Owner Contact Name: Jeffrey H. Papasan	Position: Reg. Landfill Mngr.	
Owner Company Name: Waste Pro USA, Inc.		
Owner Street (P.O. Box): 2187 Stateline Road		
0 6: 6 1	State: MS Zip: 38671	
Owner Phone Number: (662) 655-2074	Owner Email: jpapasan@wasteprousa.com	
	Jpapasana wasteprousa.com	
OPERATOR INFORM	MATION (if different than owner)	
OPERATOR INFORI	MATION (if different than owner) Position:	
OPERATOR INFORM Operator Contact Name: Operator Company Name:	MATION (if different than owner) Position:	
OPERATOR INFORM Operator Contact Name: Operator Company Name: Operator Street (P.O. Box):	MATION (if different than owner) Position:	

FACILITY INFORMATION

Facility Name: Star Landing Class 1 Rubbish Disposal Facility	
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) at	nd description):
SIC Code: 4 9 5 3 Refuse System	
Receiving Stream: Unnamed Tributary of Duck Pond 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: 9353 Star Landing Road City: Lake Cormo	rant
County: Desoto Zip: 38	641
Longitude: 34 degrees 53 minutes 52.4 seconds Longitude: 90 degrees 9	minutes 15.8 seconds
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Topograp.	hic Survey
attach a copy of any existing laboratory data for each storm water outfall. If multiple erformed, provide a summary for each parameter, including sampling dates and the naximum values.	sampling has been minimum, average and
	amounts?

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this nation &			
is this notice for a fac	ility that will require other permits?	✓ Yes	
If yes, check which on Individual NPDES,	e(s): Air, Hazardous Waste, Pre	etreatment, Water State Operating,	
Solid Waste Management Permit - SW0170020518			
How will sanitary sewa	age be collected and treated? Septic system	m for the old scalehouse (not in use)	
Indicate any local stori	m water ordinance with which the facility	must comply and submit any documentation of	
N/A			
		√Yes □ No	
If yes, please describ	e: Sediment Pond		
submitted. Based on my inquigathering the information, the	uiry of the person or persons who manage the see information submitted is to the best of my knificant penalties for submitting fellowing.	prepared under my direction or supervision in erly gathered and evaluated the information system, or those persons directly responsible for	
Mh A	771		
111111		October 16, 2017	
ignature (Must be signed by	operator when different than owner)	Date Signed	
effrey H. Papasan		D	
rinted Name ¹		Regional Landfill Manager Title	
This application shall be			
For a corporation, by a r	ed according to the General Permit, ACT 14, Tesponsible corporate officer.	T-9, as follows:	
For a partnership, by a g	eneral partner.		
For a sole proprietorship	by the proprietor		
For a municipal, state or	other public facility, by principal executive off	ficer, the mayor, or ranking elected official	
fter signing please mail to:		ornicial.	
	MS Department of Environmental Quality, P.O. Box 2261 Jackson, MS 39225	Office of Pollution Control	