



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: South Rubbish Site
FACILITY OWNER: Covington County Board of Supervisors
FACILITY OPERATOR (if different than owner):
(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)
DOES THIS FACILITY MEET THE RUN-ON AND RUNOFF CONTROLS PURSUANT TO SUBTITLE D OF THE SOLID WASTE DISPOSAL ACT WITH AN NPDES PERMIT FOR RUNOFF FROM THE ACTIVE PORTION OF THE FACILITY (40 CFR 258.26)? N/A
FACILITY CONTACT PERSON:Jimmie Baggett
TELEPHONE NUMBER (INCLUDE AREA CODE): (601) 765-4242
FACILITY MAILING ADDRESS:
NUMBER AND STREET (P. O. BOX): P. O. Box 1679
CITY: Collins STATE: MS ZIP: 39428
FACILITY LOCATION:
STREET, ROUTE OR OTHER: SW1 of NW1 of Sec. 34, T2N, R15W
CITY: COUNTY: Covington ZIP:
ACREAGE OF LAND DISPOSAL SITE: 23.92
YEARS OF OPERATION - FROM: 1993 TO: Present

LIST KNOWN INDUSTRIAL WASTES DIS	POSED AT THIS SITE: None
	ITE LOCATION AND STORM WATER OUTFALLS. Office of Geology: 601-961-5523
IS TREATMENT PROVIDED AT ANY STOR	RM WATER OUTFALL? IF SO, DESCRIBE:
	PREVENTION PLAN AS REQUIRED IN THE PERMIT. ERIC SWPPP ALREADY SUBMITTED, GIVE NAME:
WATER OUTFALL. IF MULTIPLE S	LABORATORY DATA YOU HAVE FOR EACH STORM SAMPLING HAS BEEN PERFORMED, PROVIDE A CLUDING SAMPLING DATES AND THE MINIMUM,
were prepared under my direction system designed to assure that devaluated the information submits or persons who manage the system for gathering the information, to find knowledge and belief, true there are significant penaltic	that this document and all attachments on or supervision in accordance with a qualified personnel properly gathered and ted. Based on my inquiry of the person m, or those persons directly responsible the information submitted is, to the best a accurate and complete. I am aware that ies for submitting false information, fine and imprisonment for knowing
violations.	
Mason Stringer	August 10,2007
Signature <sup>™</sup> (Must <sup>©</sup> be signed by operator when different than owne	DATE SIGNED er)
Mason Stringer	Vice-President, Board of Supervisors
Printed Name <sup>1</sup>	Title
This application shall be signed accord Part V.E., as follows:	ling to the General Permit,
-For a corporation, by a responsible of	
-For a partnership, by a general partn	
-For a municipal, state or other proofficer, the mayor, or ranking elected	ublic facility, by either a principal executive
After signing, please mail to: Ch	ief, Environmental Permits Division

Rev. 01/25/07

Jackson, MS 39289-0385

P.O. Box 10385

Office of Pollution Control