

AI # 15254
Gnp 20080001



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY



LAND DISPOSAL NOTICE OF INTENT (LDNOI)
FOR COVERAGE UNDER LAND DISPOSAL STORM WATER
GENERAL NPDES PERMIT MSR50 0126
(Number to be assigned by State)

(file at least 60 days prior to the commencement
of regulated industrial activity)

NAME OF FACILITY: Coastal Recyclers INC Class 1 Rubbish Disposal Site

FACILITY OWNER: Coastal Recyclers INC

FACILITY OPERATOR (if different than owner):

same

(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

IS THIS NOTICE FOR A FACILITY THAT WILL NEED OTHER PERMITS? yes

If so, circle which one(s): NPDES or PRETREATMENT (for leachate),
SOLID WASTE, other(s) rubbish

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)? no

FACILITY CONTACT PERSON: C.N. Williams

TELEPHONE NUMBER (INCLUDE AREA CODE): 228-392-0690

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): P.O. Box 6127

CITY: Biloxi STATE: MS ZIP: 39540

FACILITY LOCATION:

STREET, ROUTE OR OTHER: 14339 Hudson-Krohn

CITY: Biloxi COUNTY: Harrison ZIP: 39532

ACREAGE OF LAND DISPOSAL SITE: 62

YEARS OF OPERATION - FROM: 5/1998 TO: 1/2008

LIST KNOWN INDUSTRIAL WASTES DISPOSED AT THIS SITE: waste at this site consist
of approved class1 rubbish waste, collected from within the service area.

ATTACH A USGS QUAD MAP SHOWING SITE LOCATION AND STORM WATER OUTFALLS.

Maps can be obtained from the Office of Geology: 601-961-5523

IS TREATMENT PROVIDED AT ANY STORM WATER OUTFALL? IF SO, DESCRIBE:

no

ATTACH A STORM WATER POLLUTION PREVENTION PLAN AS REQUIRED IN THE PERMIT.
IF USING AN ASSOCIATION OR GENERIC SWPPP ALREADY SUBMITTED, GIVE NAME:

SWPPP Submitted on 1-11-08 for Coastal Recyclers INC.

ATTACH A COPY OF ANY EXISTING LABORATORY DATA YOU HAVE 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.

I certify under penalty of law that this document and all attachments
were prepared under my direction or supervision in accordance with a
system designed to assure that qualified personnel properly gathered and
evaluated the information submitted. Based on my inquiry of the person
or persons who manage the system, or those persons directly responsible
for gathering the information, the information submitted is, to the best
of my knowledge and belief, true, accurate and complete. I am aware that
there are significant penalties for submitting false information,
including the possibility of fine and imprisonment for knowing
violations.

C.N. Williams
Signature¹ (Must be signed by
operator when different than owner)

1-16-08
DATE SIGNED

C.N. WILLIAMS
Printed Name¹

OWNER/OPERATOR
Title

¹This application shall be signed according to the General Permit,
Part V.E., 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 either a principal executive officer, the mayor, or ranking elected official.

After signing, please mail to:

Chief, Environmental Permits Division
Office of Pollution Control
P.O. Box 10385
Jackson, MS 39289-0385