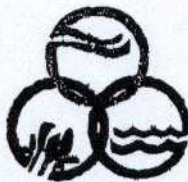
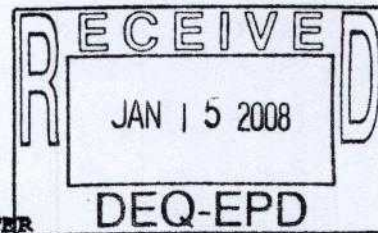


AI 30301  
GNP20080001



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY



LAND DISPOSAL NOTICE OF INTENT (LDNOI)  
FOR COVERAGE UNDER LAND DISPOSAL STORM WATER  
GENERAL NPDES PERMIT MSR50 0127  
(Number to be assigned by State)

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

NAME OF FACILITY: MLO Class I Rubbish Landfill

FACILITY OWNER: Mississippi Landfill Operations, LLC.

FACILITY OPERATOR (if different than owner):

N/A  
(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

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

FACILITY CONTACT PERSON: Michael Harrelson

TELEPHONE NUMBER (INCLUDE AREA CODE): (662) 627-2241

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): P.O. Box 368

CITY: Clarksdale STATE: MS ZIP: 38614

FACILITY LOCATION:

STREET, ROUTE OR OTHER: 4880 Hood Road

CITY: Marks COUNTY: Quitman ZIP: 38846

ACREAGE OF LAND DISPOSAL SITE: 39.6 acres

YEARS OF OPERATION - FROM: N/A TO:

LIST KNOWN INDUSTRIAL WASTES DISPOSED AT THIS SITE: Approved Class I

Rubbish

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:

Structural controls such as diversion berms, vegetated swales, silt fencing, or other appropriate control measures.

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

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.

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

1-15-08

DATE SIGNED

MICHAEL HARRELSON  
Printed Name

MANAGER-MEMBER  
Title

This application shall be signed according to the General Permit, Part 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 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 39285-0385