

AEI# 49161  
Gnp20090001



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY



LAND DISPOSAL NOTICE OF INTENT (LDNOI)  
FOR COVERAGE UNDER LAND DISPOSAL STORM WATER  
GENERAL NPDES PERMIT MSR50 0132  
(Number to be assigned by State)

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

NAME OF FACILITY: Waynesboro Landfill 2

FACILITY OWNER: The City of Waynesboro

FACILITY OPERATOR (if different than owner):

\_\_\_\_\_  
(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) Mining

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: Joe Taylor, Mayor City of Waynesboro

TELEPHONE NUMBER (INCLUDE AREA CODE): 601-735-6400

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX): 714 Wayne St

CITY: Waynesboro STATE: MS ZIP: 39367

FACILITY LOCATION:

STREET, ROUTE OR OTHER: Jimmy Ramey Road

CITY: Waynesboro COUNTY: Wayne ZIP: 39367

ACREAGE OF LAND DISPOSAL SITE: 11.39

YEARS OF OPERATION - FROM: 2009 TO: 2014

LIST KNOWN INDUSTRIAL WASTES DISPOSED AT THIS SITE: None Known

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:

Attached

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.

Joe Taylor  
Signature<sup>1</sup> (Must be signed by operator when different than owner)

3-25-09  
DATE SIGNED

Joe Taylor  
Printed Name

Mayor  
Title

<sup>1</sup>This 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 2261  
Jackson, MS 39225-2261