



## FACILITY INFORMATION

**Facility Name:** Brookhaven Class I Rubbish Site

**Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):**

**SIC Code:** 4 9 5 3 Refuse Systems

**Receiving Stream:** East Bogue Chitto River

**Is receiving stream on MDEQ's 303(d) List?**

Yes  No

**If yes, has a TMDL been established for the receiving stream segment?**

Yes  No

**Physical Site Address:**

**Street:** 463 County Farm Road

**City:** Brookhaven

**County:** Lincoln

**Zip:** 39601

**Latitude:** 31 degrees 33 minutes 51 seconds

**Longitude:** 90 degrees 24 minutes 33 seconds

**Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation):** Map Interpolation

**Attach a copy of any existing laboratory data 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.**

**Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts?**  Yes  No  
**If yes, please attach a list of water priority chemicals present at the facility.**

**DOCUMENTATION OF COMPLIANCE WITH OTHER  
REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits?     Yes     No

If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or list Other(s):

Statewide General Class I Rubbish Site Operating Permit R1-031

How will sanitary sewage be collected and treated? N/A

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

N/A

Is treatment of storm water provided at any outfall? If so, please describe:

No

**CERTIFICATION**

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.

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

5-7-12  
Date Signed

Les Bumgarner  
Printed Name<sup>1</sup>

Mayor  
Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT 14, T-9, 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 principal executive officer, the mayor, or ranking elected official.

After signing please mail to:

Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, MS 39225