THE APPLICANT IS:



RECEIVED

JUL 2 4 2015

Dept. of Environmental Quality

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2229

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated industrial activity.

Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary is required. If a copy is submitted, provide the name of the quadrangle map that is found in the upper right hand corner. Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

✓ OWNER ☐ OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION		
Owner Contact Name: Mr. Wallace W. Carter	Position: CEO	
Owner Company Name: Firetower Landfill, LLC		
Owner Street (P.O. Box): 8280 Firetower Road		
Owner City: Pass Christian	State: MS Zip: 3957	
Owner Phone Number (Include Area Code): (228)392-069	90	
OPERATOR INFORMATIO	ON (if different than owner)	
OPERATOR INFORMATIO Operator Contact Name: Mr. William Cooksey	ON (if different than owner)	
OPERATOR INFORMATIO Operator Contact Name: Mr. William Cooksey Operator Company Name: Firetower Landfill, LLC	ON (if different than owner)	

FACILITY INFORMATION

Facility Name: Firetower Landfill, LLC		
Nature of Business (Include 4-digit Standard Industrial Clas	ssification Code (SIC) and description):	
SIC Code: 4 9 5 3 Refuse Systems		
Receiving Stream: Unnamed Tributary of Delisle Bayou		
Is receiving stream on MDEQ's 303(d) List?	□Yes	☑ No
If yes, has a TMDL been established for the receiving stream	m segment?	☑ No
Physical Site Address:		
Street: 8280 Firetower Road	City: Pass Christian	
County: Harrison	Zip : 39571	
Latitude: 30 degrees 24 minutes 22 seconds Lon	ngitude: 89 degrees 14 minutes 35 s	econds
Method Used to Determine Lat & Long (GPS (Please GPS Plant Ent	trance) or Map Interpolation): Google Earth	
Attach a copy of any existing laboratory data for each storm performed, provide a summary for each parameter, includin maximum values.		
	ority chemicals at threshold amounts?	

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, Walist Other(s):	ater State Operating, Individual NPDES, or
Certificate of Coverage No. SWGP-R1, Issued on March 26, 200	7
How will sanitary sewage be collected and treated? Septic Tank	
Indicate any local storm water ordinance with which the facility mu approval.	st comply and submit any documentation of
NA	
No.	
CERTIFICATION	1
I certify under penalty of law that this document and all attachments were paccordance with a system designed to assure that qualified personnel proper submitted. Based on my inquiry of the person or persons who manage the significant penalties for submitted is to the best of my kn am aware that there are significant penalties for submitting false information imprisonment for knowing violations. Signature (Must be signed by operator when different than owner)	ly gathered and evaluated the information system, or those persons directly responsible for owledge and belief, true, accurate and complete. I
Wallace W. Carter	CEO, Firetower Landfill, LLC

¹This 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:

Printed Name¹

Chief, Environmental Permits Division

MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261 Jackson, MS 39225