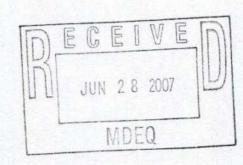
AI#13227 Gn A20070001





1.70

LAND DISPOSAL NOTICE OF INTENT (LDNOI)
FOR COVERAGE UNDER LAND DISPOSAL STORM WATER
GENERAL NPDES PERMIT MSR50 Q 12 Q
(Number to be assigned by State)

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

NAME OF FACILITY: Desoto County Rubbish Pit
FACILITY OWNER: Desoto County
BrI Wash Systems of North America INC.
(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)
IS THIS NOTICE FOR A FACILITY THAT WILL NEED OTHER PERMITS? NO 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 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)?
PACILITY CONTACT PERSON: Larry Hubbard
TELEPHONE NUMBER (INCLUDE AREA CODE): (901) 872-7258
FACILITY MAILING ADDRESS:
NUMBER AND STREET (P. O. BOX): 7/11 OLD Millington Rd
CITY: Millington STATE: IN ZIP: 38053
FACILITY LOCATION:
STREET, ROUTE OR OTHER: 5255 SANdridge Road
CITY: Olwe Branch county: Desote ZIP:
ACREAGE OF LAND DISPOSAL SITE: 38± ACRES
YEARS OF OPERATION - FROM: /989 TO: Present

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: 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 STOR WATER OUTFALL. IF MULTIPLE SAMPLING HAS BEEN PERFORMED, PROVIDE SUMMARY FOR EACH PARAMETER, INCLUDING SAMPLING DATES AND THE MINIMUM AVERAGE AND MAXIMUM VALUES. I cortify under penalty of law that this document and all attachment were prepared under my direction or supervision in accordance with system designed to assure that qualified personnel properly gathered an 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 knowin violations. Signature' (Must be signed by Operator when different than owner) Carry Humbard Printed Name*	LIST KNOWN INDUSTRIAL WASTES DISPOSE	
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operator when different than owner)	violations.	, ,
Carry Hubbard Cenaral Manager RAT	operator when different than owner)	DATE SIGNED
Cell. H.	Larry Hubbard	General Maplager. BIT
Printed Name ¹ Title	Printed Name ¹	Title

-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