

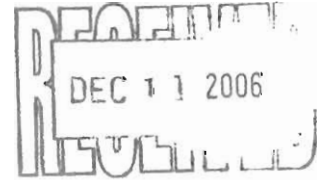


TWO PINE LANDFILL
100 Two Pine Drive
North Little Rock, AR 72117
Office: (501) 982-7336
Fax: (501) 982-2606

NPDES NOTICE OF INTENT

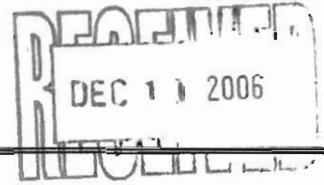
Waste Management Tontitown Landfill
2210 Waste Management Drive
Springdale, AR 72762

December 2006



NPDES PERMIT FILE
NPDES # ARR000231
AFIN # 72-00144
89 Permit PN
Correspondence
Technical Backup
12-18-06 Date Scanned

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199



ARR000231

AFW 72-00144

NOTICE OF INTENT (NOI)
FOR DISCHARGERS OF STORM WATER RUNOFF
ASSOCIATED WITH INDUSTRIAL ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000

Application Type: New Renewal

I. GENERAL INFORMATION

Facility Name: Tontitown Landfill

Legal Applicant Name

(If the applicant is different from the above): Waste Management Tontitown Landfill, LLC

Operator Name: Waste Management of Arkansas.

Is the operator identified above, the owner of the facility? Yes No

II. OWNERSHIP INFORMATION

Owner Name: Waste Management of Arkansas

Owner Type:

Owner Address: 2900 West 68th Street

PRIVATE

STATE

City: Little Rock

FEDERAL

CORPORATION

State: Arkansas

Zip: 72209

PUBLIC

OTHER

Owner Telephone Number: 501-565-0191

Owner Fax Number: 501-565-6680

Email Address: starking@wm.com

III. INVOICE MAILING INFORMATION (If different from Mailing Address below.)

Invoice Contact Person: Kirby Thompson, Site Manager

City: Springdale

Invoice Mailing Company: Tontitown Landfill

State: AR

Zip: 72762

Invoice Mailing Address: 2210 Waste Management Drive

Telephone: 479-361-2069

IV. FACILITY INFORMATION

Facility Physical Address: 2210 Waste Management Drive

Contact Person Name: Kirby Thompson

Facility County: Washington

Contact Person Title: Site Manager

Facility City: Springdale Zip: 72762

Telephone Number: 479-361-2069

Directions to the Facility: Highway 412 West, left on Klenc Rd.

Fax Number: 479-361-5934

right on Arbor Acres Rd., left on Waste Management Dr.

Email Address: kthompson@wm.com

Type of Business: Composting, soil stockpile/borrow areas/Maintenance Facilities

Facility SIC Code(s): 4953, 2875 (no chemicals added)

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(501) 682-2199

IV. FACILITY INFORMATION (CONTINUED)

Is mailing address different from facility address? Yes No If yes, provide mailing address in the space provided.

Mailing Address: _____ City: _____
State: _____ Zip: _____

Facility Latitude: 36 degrees 08 minutes 26 seconds

Facility Longitude: 94 degrees 15 minutes 45 seconds

Accuracy: 2 Method: 1 Datum: U Scale: U

Description: 01099 Centroid of Processing Area

Section: 23 Township: 17N Range 31W

Hydrologic Basin Code: 11110103

Monitoring Category: 0 1 2 3 4 5 6
(see Part II.B of the permit for definition) 7 8 9 10 11 12

V. DISCHARGE INFORMATION

Is this a new discharge? Yes No If yes, date coverage desired: 9/1/2006

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Wildcat creek, thence into Clear Creek.

Choose Your Ultimate Receiving Stream: Red River Ouachita River Arkansas River
White River St. Francis River Mississippi River

Are any of the Receiving Stream(s) on the latest Clean Water Act section 303(d) list of impaired waters or have an approved TMDL? (Information regarding existing and proposed TMDLs can be obtained from the Water Quality Section website at http://www.adeq.state.ar.us/water/branch_planning/.)

Yes No N/A If yes, list the Receiving Stream(s): _____

Does the storm water discharge adversely affect a listed endangered or threatened species or its critical habitat?

Yes No N/A If yes, list the endangered or threatened species: _____

Does the facility have a storm water pollution prevention plan? Yes No
(DO NOT SUBMIT A COPY OF THE PLAN)

Does the facility have EXISTING sampling data describing its storm water discharge(s)? Yes No
(DO NOT SUBMIT DATA)

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VI. OUTFALL INFORMATION

Outfall Type: 0 Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Outfall (e.g.,
Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for definitions.)

Number of Outfalls of this Type: 1

Stream Segment: 3J

Hydrologic Basin Code: 1110103

Outfall Latitude: 36 degrees 08 minutes 26 seconds

Outfall Longitude: 94 degrees 15 minutes 45 seconds

Accuracy: 2 Method: 1 Datum: 0 Scale: 0

Description: 01099 Centroid of Processing area

Section: 23 Township: 17N Range: 31W

Receiving Stream: Wildcat creek, thence to clearcreek, thence to AR River

Outfall Type: 0 Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Outfall (e.g.,
Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for definitions.)

Number of Outfalls of this Type: _____

Stream Segment: _____

Hydrologic Basin Code: _____

Outfall Latitude: _____ degrees _____ minutes _____ seconds

Outfall Longitude: _____ degrees _____ minutes _____ seconds

Accuracy: _____ Method: _____ Datum: _____ Scale: _____

Description: _____

Section: _____ Township: _____ Range: _____

Receiving Stream: _____

VII. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00

NPDES General Permit Number (If Applicable): ARGARG160003

NPDES General Industrial Storm Water Permit Number (If Applicable): ARR00

NPDES General Construction Storm Water Permit Number (If Applicable): ARR15

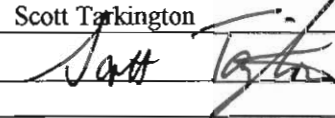
**Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199**

VIII. CERTIFICATION OF PERMITTEE (See Part III.B of the general permit)

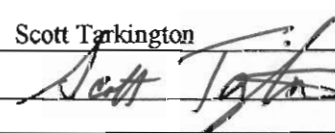
"I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas."

"I certify that a storm water pollution prevention plan has been developed in accordance with Part III.A.1 of the general permit."

"I certify that the cognizant official designated in this Notice of Intent (Section IX) is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. 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 gather and evaluate 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 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."

Typed or Printed Name: Scott Tarkington Title: Market Area Mgr., Environmental Protection
Signature:  Date: 12/4/2006

IX. COGNIZANT OFFICIAL (Person having responsibility for overall operation of the facility, see Part III.B.8 of the permit.)

Typed or Printed Name: Scott Tarkington Title: Market Area Mgr., Environmental Protection
Signature:  Telephone: 12/4/2006

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit application requirements.

	Yes	No
NOI signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of an Original NOI with an Original Signature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

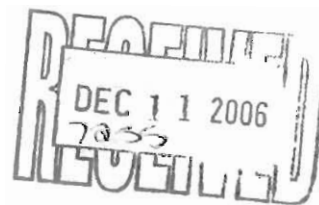
Check Number: 0005695246



TWO PINE LANDFILL
100 Two Pine Drive
North Little Rock, AR 72117
Office: (501) 982-7336
Fax: (501) 982-2606

December 4, 2006

Mr. Mo Shafii
Engineer Supervisor, Storm Water Permits
NPDES Branch
Arkansas Department of Environmental Quality
#1 State Plaza Drive
P.O. Box 8913
Little Rock, AR 72219-8913



Subject: ARR General NPDES Storm Water Permits
WM Tontitown, Two Pine, Jefferson County, and Ozark Ridge Landfills
(NPDES Permit #s ARG160003, ARG160011, ARG160012, and ARG160014)

Dear Mr. Shafii:

Attached are updated NPDES Notice of Intents (NOIs) for the above Waste Management facilities along with a check in the amount of \$800.00. The NOIs are an update to the original submission to ADEQ on September 1, 2006. Per our meeting on October 2, 2006, we have included additional business types to include (1) Composting operation; (2) Soil stockpile/borrow areas, and (3) Maintenance facilities.

We appreciate ADEQs help in providing solutions to address multiple activities associated with our landfill operations. As always, if you have any questions, or require additional information, please call me at (501) 982-7336.

Sincerely,
Waste Management

A handwritten signature in cursive script that reads "Scott Tarkington".

Scott Tarkington, REM
Market Area Environmental Manager
Arkansas / North Mississippi

cc: NPDES POR