

AI #26790
Gnp20150001



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

OFFICE OF THE ATTORNEY GENERAL
JUL 13 2015
MDEQ

UNDERGROUND STORAGE TANK GROUNDWATER REMEDIATION NOTICE OF INTENT (USTNOI)

For Coverage under Mississippi's Underground Storage Tank (UST)
Groundwater Remediation General Permit
General Permit MSG12 0239

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator of the remediation system. To avoid unnecessary delays, please be sure that the USTNOI is signed in accordance with permit ACT9, T-7 of the General Permit. The owner or operator that receives coverage is responsible for permit compliance. File at least 30 days prior to proposed discharge.

Required Submittals with the USTNOI Include:

- A USGS quadrangle map or copy extending at least one-half of a mile beyond the site's property boundary. The site location and outfalls must be outlined or highlighted. Quad maps can be obtained from the Office of Geology at 601-961-5523. If a copy is submitted, provide the name of the quadrangle map that is found in upper right hand corner.
- A letter of approval or denial from an available POTW or Wastewater Collection Authority (see permit ACT4, S-6 and MDEQ Wastewater Regulations, Chapter One, Part I.C.1.a.).
- Certified-return receipts from contiguous landowner notifications (not required if the remediation system was operating under a previous permit or coverage - see permit ACT4, S-7).
- A list of water treatment chemicals proposed to be used. Please submit the following information for each specific chemical: name and composition of the additive, discharge concentration, dosage addition rates, frequency of use, EPA registration (if applicable), aquatic species toxicological data and Material Safety Data Sheet (MSDS).

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

THE APPLICANT IS ☐ OWNER ☒ OPERATOR (please check one or both)

OWNER INFORMATION

Owner Contact Name: John Harper Position: Owner
Owner Company Name: Lipscomb Oil Company
Owner Street (P.O. Box): 154 Navajo Circle
Owner City: Clinton State: MS Zip: 39073
Owner Phone Number (include area code): 601-573-5679

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: R. Scott Higginbotham, RPG Position: Senior Project Manager
Operator Company Name: Neel-Schaffer, Inc.
Operator Street (P.O. Box): 1022 Highland Colony Parkway, Suite 202
Operator City: Ridgeland State: MS Zip: 39157
Operator Phone Number (include area code): 601-898-3358

PROJECT INFORMATION

Project Name: Jitney Jr. #617
Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 10169
Physical Site Address (if not available indicate the nearest named road):
Street: 106 Martin Luther King Dr. City: Tchula
County: Holmes Zip: 39169
Latitude: 33 degrees 10 minutes 55 seconds Longitude: 90 degrees 13 minutes 15 seconds
Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance) or Map Interpolation): Map Interpolation

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater proposed to be discharged? ☐ State Waters ☒ POTW/Collection System

Name of Nearest Receiving Stream: Tchula POTW

Name of POTW: City of Tchula-POTW

POTW contact, title and telephone number: Hon. Zula Patterson, Mayor of Tchula, 662-235-5112

Name of Wastewater Collection Authority (if different from POTW): NA

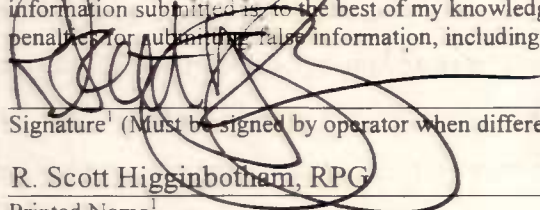
Wastewater Collection Authority contact, title and telephone number: K.T. Newman, Utility Contractors,
601-706-9109

Proposed rate of flow (gallons/day): 5,000-8,000 gallons/day

Describe type of treatment: Dual Phase Remediation System - influent groundwater is initially treated by
oil-water separator. Miscible phase impacted groundwater further treated by air stripping prior to discharge

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.


Signature¹ (Must be signed by operator when different than owner)

R. Scott Higginbotham, RPG
Printed Name¹

07/10/2015

Date Signed

Senior Project Manager

Title

¹This application shall be signed according to the General Permit, ACT9, T-7 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.

USTNOI forms must be submitted to:

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

Revised: April 6, 2011