

AI #52956
Gnp20160001

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MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

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 0245

(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: Allen Little Position: _____
Owner Company Name: Hudspeth Regional Center
Owner Street (P.O. Box): PO Box 127-B
Owner City: Whitfield State: MS Zip: 39193
Owner Phone Number (include area code): 601-664-6382

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Fareed Ahmed Position: Project Manager
Operator Company Name: PELA GeoEnvironmental Inc. (PELA)
Operator Street (P.O. Box): 1604 Greensboro Ave
Operator City: Tuscaloosa State: AL Zip: 35401
Operator Phone Number (include area code): 205-752-5543/ext.34

PROJECT INFORMATION

Project Name: Hudspeth Regional Center
Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 6378
Physical Site Address (if not available indicate the nearest named road):
Street: Highway 475 South City: Whitfield
County: Rankin Zip: 39051
Latitude: 32 degrees 14 minutes 31.8 seconds Longitude: 90 degrees 4 minutes 50. seconds
Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance) or Map Interpolation): MDEQ UST Database

WASTEWATER DISCHARGE INFORMATION

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

Name of Nearest Receiving Stream: Unnamed intermittent creek leading to Terrapin Skin Creek/Pringle Branch

Name of POTW: _____

POTW contact, title and telephone number: _____

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

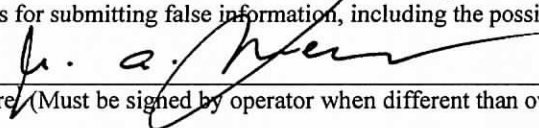
Wastewater Collection Authority contact, title and telephone number: NA

Proposed rate of flow (gallons/day): ~ 4,320 GPD

Describe type of treatment: Air stripping

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.


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

4/12/16
Date Signed

Bashir A. Memon

Executive Vice President

Printed Name¹

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