



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 Q 4 4 7

(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: Earl Scott | Position: President | | |
|--|---------------------|------------|--|
| Owner Company Name: EarthCon Consultants, Inc. | | | |
| Owner Street (P.O. Box): P.O. Box 1246 | | | |
| Owner City: Madison | State: MS | Zip: 39130 | |
| Owner Phone Number (include area code): (601) 853-2134 | | | |

OPERATOR INFORMATION (if different than owner)

| Operator Contact Name: Jason McIlwain | | _ Position: Senior Geologist |
|---|-----------|------------------------------|
| Operator Company Name: EarthCon Consultants, Inc. | | |
| Operator Street (P.O. Box): P.O. Box 1246 | | |
| Operator City: Madison | State: MS | Zip: 39130 |
| Operator Phone Number (include area code): (601) 853-2134 | | Administration |

PROJECT INFORMATION

| Project Name: <u>Jr. Food Mart #72</u> | |
|--|---|
| Mississippi Groundwater Protection Trust Fund ID No. (if ap | pplicable): 1090 |
| Physical Site Address (if not available indicate the nearest na | amed road): |
| Street: 100 South Fir Avenue | City: Collins |
| County: Covington | Zip: <u>39428</u> |
| Latitude: 31 degrees 38 minutes 34 seconds Longi | itude: 89 degrees 33 minutes 27 seconds |
| Method Used to Determine Lat. & Long. (GPS (Please GPS Facility) | lity Entrance) or Map Interpolation): Map Interpolation |

WASTEWATER DISCHARGE INFORMATION

| Where is the remediated groundwater proposed to be discharged? | |
|--|---|
| Name of Nearest Receiving Stream: | |
| Name of POTW: City of Collins POTW | |
| POTW contact, title and telephone number: Mr. Bob Shoemake, Dir | ector of Public Works, 601-517-0076 |
| Name of Wastewater Collection Authority (if different from POTW): _ | |
| Wastewater Collection Authority contact, title and telephone number: | |
| Proposed rate of flow (gallons/day): 3,000 gallons/day | |
| Describe type of treatment: Oil water separator, air stripping of vola | atile compounds |
| | |
| CERTIFICATION | N |
| I certify under penalty of law that this document and all attachments were prep with a system designed to assure that qualified personnel properly gathered and inquiry of the person or persons who manage the system, or those persons direct information submitted is, to the best of my knowledge and belief, true, accurate penalties for submitting false information, including the possibility of fine and | d evaluated the information submitted. Based on my only every responsible for gathering the information, the e and complete. I am aware that there are significant imprisonment for knowing violations. |
| | 06/20/16 |
| | Date Signed |
| Duinted NI | Senior Geologist 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

CONTIGUOUS LANDOWNER NOTIFICATION OF CORRECTIVE ACTION AND SUBSEQUENT DISCHARGE OF TREATED GROUNDWATER DUE TO LEAKING UNDERGROUND STORAGE TANK(S)



(see ACT4, S-7 of the USTGP)

| Underground storage tanks located at the Jr. Food Mart #72 located at 100 S Fir Avenue, Collins, MS |
|--|
| [street address with city and county] |
| have been determined to have released motor fuel. In order to protect the environment and public health, a |
| cleanup process must be started. The cleanup involves bringing a trailer contained groundwater treatment |
| system to the site, pumping out the contaminated groundwater, treating it and discharging the treated water |
| into the city wastewater sewer to be further treated or, in rare cases, to State waters. The recovered fuel is |
| disposed at an offsite permitted facility. The time a unit is on site averages approximately three years. |
| EarthCon Consultants, Inc. [applicant's name] |
| P.O. Box 1246, Madison, Mississippi 39130 [address] |
| (601) 853-2134 [phone number] is proposing to begin the cleanup process and discharge treated |
| groundwater to City of Collins sanitary sewer system [name of |
| receiving stream or Publicly Owned Treatment Works or Wastewater Collection Authority]. This |
| notification is to provide you with an opportunity to comment to the Mississippi Department of |
| Environmental Quality Permit Board before the Board makes a final decision regarding the matter. No |
| discharge of treated groundwater will occur unless the Board grants coverage of this activity under the |
| General Permit for Underground Storage Tank Groundwater Remediation. This notice has been sent to you |
| by Certified Mail - Return Receipt Requested. If you have no comments regarding this proposed facility, no |
| response is necessary and the permitting process will continue. If you have any comments, they must be |
| received by the Mississippi Department of Environmental Quality within 10 days of receipt of this |
| correspondence. The Department of Environmental Quality is limited in its review of this project to |
| those environmental issues in which statutory authority has been given. If you have any questions you |
| may contact the Service and Miscellaneous Branch of MDEQ at (601) 961-5171. Any comments relative to |
| coning or economic and social impacts are within the jurisdiction of local zoning and planning authorities |
| and should be addressed to those authorities. Comments are to be mailed to the following address: |
| Chicago |

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

Revised: April 6, 2011

POTW AND WASTEWATER COLLECTION AUTHORITY NOTIFICATION AND APPROVAL FORM



INSTRUCTIONS

The Mississippl Department of Environmental Quality (MDEQ) must receive approval from the local POTW and Wastewater Collection Authority (if different entities) in order for the applicant to obtain coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit (see permit ACT4, S-6). Once both sections of the form have been completed, it shall be submitted to the address below. Coverage is required prior to discharging remediated groundwater to a POTW or Wastewater Collection Authority. If you have any questions, please contact the Service and Miscellaneous Industries Branch at 601/961-5171.

APPLICANT (please print or type)

| ne of applicant] is applying for coverage under ediation General Permit (copy attached). Remediated |
|--|
| ediation General Permit (convention) Description |
| im storage tank, is proposed to be discharged from a |
| Avenue, Collins, MS |
| [gallons per day] of treated |
| sewer system [name of local POTW or |
| vill be discharged in accordance with the conditions, |
| torage Tank Groundwater Remediation General |
| totage Talk Groundwater Remediation General |
| |
| CTION AUTHORITY APPROVAL |
| TW (or Collection Authority) and directly responsible ments of the above referenced General Permit and Q with written approval of this proposed discharge to |
| Collection Authority Authorized Signature |
| All of the state of the |
| Printed Name |
| |
| Title |
| Date Signed Daytime Telephone |
| |

This form shall 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