

AI#27103
GMP2016001



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
DEC 19 2016
Dept. 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 0251

(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: Herb Stathes Position: Owner
Owner Company Name: Hill City Oil Company
Owner Street (P.O. Box): P.O. Box 4036
Owner City: Houma State: LA Zip: 70361-0887
Owner Phone Number (include area code): 985-851-400

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Charles V. Coney, RPG Position: District Manager
Operator Company Name: PPM Consultants, Inc.
Operator Street (P.O. Box): 625 Lakeland East Drive, Suite B
Operator City: Flowood State: MS Zip: 39232
Operator Phone Number (include area code): 601-956-8233

PROJECT INFORMATION

Project Name: Cleveland Service Station Exxon No. 5
Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 6434
Physical Site Address (if not available indicate the nearest named road):
Street: 710 Church Street City: Port Gibson
County: Claiborne Zip: 39150
Latitude: 31 degrees 57 minutes 32.6 seconds Longitude: 90 degrees 58 minutes 58.4 seconds
Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance) or Map Interpolation): GPS

WASTEWATER DISCHARGE INFORMATION

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

Name of Nearest Receiving Stream: NA

Name of POTW: Port Gibson Water Works System

POTW contact, title and telephone number: Mr. Spencer Ford, Operator, 601-842-1088

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

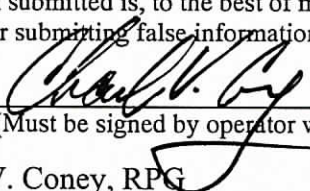
Wastewater Collection Authority contact, title and telephone number: NA

Proposed rate of flow (gallons/day): 7,200

Describe type of treatment: Dual Phase Vacuum Extraction (DPVE) with bag filter, oil/water separator, and air stripper flow through groundwater treatment vessels.

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)

December 16, 2016

Date Signed

Charles V. Coney, RPG

District Manager

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