

AI #27167



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UNDERGROUND STORAGE TANK GROUNDWATER REMEDIATION GENERAL PERMIT RE-COVERAGE FORM

The submittal of this form is required to continue coverage under Mississippi's Reissued Underground Storage Tank (UST) Groundwater Remediation General Permit MSG12.

COVERAGE NUMBER: MSG12 0206. This coverage number must be completed for your UST Remediation System Permit or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your Certificate of Coverage or in the heading on the Letter of Instruction.

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Underground Storage Tank (UST) Groundwater Remediation General Permit. This form must be completed and returned to the MDEQ at the address printed at the bottom of the back page of this form within 30 days of the date of the Letter of Instruction for Re-coverage.

The signatory of this form must be the owner or operator (who is the current coverage recipient). The owner or operator that receives coverage is responsible for permit compliance. Do not submit this form if submitting a "Request for Termination."

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

COVERAGE RECIPIENT INFORMATION

Contact Name and Position: B. GREGORY Taylor, GEOLOGIST
Company Name: NEEL-SCHAFFER, Inc.
Street (P.O. Box): P.O. Box 22625
City: JACKSON State: MS Zip: 39225
Phone Number: (601) 898-3358

PROJECT INFORMATION

Project Name: <u>LAKE SIDE EXPRESS</u>		
Contact Name and Position: <u>GREG TAYLOR, GEOLOGIST</u>		
Contact Phone Number: <u>(601) 898-3358</u>		
Physical Site Address (if not available indicate nearest named road):		
Street: <u>603 WALLACE DRIVE</u>		
City: <u>EDWARDS</u>	County: <u>HINDS</u>	Zip: <u>39066</u>

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater being discharged (check all that apply)?

Surface Water (list nearest named receiving waterbody): NA

POTW

Wastewater Collection Authority (if different than POTW)

If discharge is to a POTW and/or Wastewater Collection Authority, provide the following:

POTW Contact Name: R.L. PERKINS, TOWN OF EDWARDS POTW

Title: MAYOR Telephone Number: (601) 852-5461

Wastewater Collection Authority Contact Name: NA

Title: NA Telephone Number: () NA

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.

B. Gregory Taylor
Signature¹

June 1, 2017
Date

B. GREGORY TAYLOR
Printed Name

GEOLOGIST
Title

¹This form 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, mayor, or ranking elected official.

After signing please mail to: Chief, Environmental Permits Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 4th day of February, 1983, the State of Mississippi issued a Charter/Certificate of Authority to:

NEEL-SCHAFFER, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said NEEL-SCHAFFER, INC. is in good standing at this time.

Given under my hand and seal of office
the 27th day of February, 2017

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17033859

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>