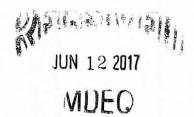
AI#29073 Gnf20170001





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 0 25 4

(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 Activity (ACT) 9, T-4, page 19 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 Authority (see permit Activity 4, S-6, page 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 Activity 4, S-7, page 6.)
- 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), and aquatic species toxicological data.

We do not intend to use any water treatment chemicals. We will alert MDEQ if this changes.

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

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

OWNER INFORMATION

OWNER INFORMATION		
Position: Authorized Agent		
State: MS Zip: 38663		
	_	
Position: Senior Project Ma	anager	
	anager	
av Suite 202		
State: MSZip: 39157		
8 (office)		
	Position: Authorized Agent State: MS Zip: 38663 ON (if different than owner) Position: Senior Project M ay, Suite 202 State: MS Zip: 39157	

Facility Name: Five Star Port Gibson	<u> </u>
Mississippi Groundwater Protection Trust Fund Identification	Number: 10989
Physical Site Address (if not available indicate the nearest nam	ned road)
Street: 1076 Highway 61 North near Highway 18	City: Port Gibson
County: Claiborne	Zip: 39150
Latitude: 31 degrees 58 minutes 08 seconds Longitude:	ude: 90 degrees 58 minutes 43 seconds
Method Used to Determine Lat. & Long. (GPS (Please GPS Facilit	v Entrance) or Map Interpolation); Map Interpolation

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater proposed to be discharged?	State Waters Collection/Treatment System	
Name of Nearest Receiving Stream: NA		
Name of Publicly Owned Treatment Works or Wastewater Authority:	City of Port Gibson	
Proposed rate of flow (MGD): 0.003 to 0.02		
POTW contact, title and telephone number: Ms. Valerie Townsend,	, Water Operator/Manager,	
(601) 702-0837		
treatment provided at any outfall? If so, describe: Dual Phase Remediation System-influent groundwater is initially treated by oil		
-water separatorMiscible 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.		
B. Gregory Taylor	June 12, 2017	
Signature ¹ (Must be signed by operator when different than owner)	Date Signed	
B. Gregory Taylor	Senior Project Manager	
Printed Name ¹	Title	

¹This application shall be signed according to the General Permit, Activity 9, T-4, page 19, 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

POTW OR WASTEWATER AUTHORITY NOTIFICATION AND APPROVAL FORM

POTW or Wastewate: Authority notification and approval request to discharge remediated groundwater associated with a leaking Underground Storage Tank (UST) - see Activity 4, S-6, page 6.

APPLICA	ANT (please print or type)	
Neel-Schaffer, Inc.	[name of applicant] is applying for coverage	
under Mississippi's Underground Storage	Tank Groundwater Remediation General Permit [copy	
attached). Neel-Schaffer, Inc.	[name of applicant] is proposing to	
discharge remediated groundwater, associa	ated with a leaking underground petroleum storage tank, from a	
site located at 1076 Hwy 61 N, Port Gibso	on, Claiborne County	
County, Mississippi 39150 (Five Star Port	t Gibson) [complete address with county].	
	[proposed volume in MGD] of treated groundwater will be	
discharged to City of Port Sibson	[name of local POTW or	
	be discharged in accordance with the conditions, requirements	
and limitations of Mississippi's Undergrou	und Storage Tank Groundwater Remediation General Permit.	
The Mississippi Department of Environmental Quality (MDEQ) must receive approval from the local POTW or Wastewater Authority in order for the applicant to obtain coverage under Mississippi's Underground Storage Tanl: Groundwater Remediation General Permit. Coverage is required prior to discharging remediated groundwater to a POTW or Wastewater Authority. If you have any questions, please contact the Service and Miscellaneous Industries Branch at 601/961-5171.		
I certify that I am a duly authorized repres for managing daily operations. I am famil	sentative of this POTW (or Authority) and directly responsible liar with the requirements of the above referenced General this form, I am providing MDEQ with written approval of this	
POPW (or Authority) Authorized Signatur	()5-02-17 Te Date Signed	
Fred D. Regres	Title	
COI 437-4234 Daytime Telephone		