GNP20180001





## 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 6 2

(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	THE APPLICANT IS	$\square$ owner	OPERATOR (please check one or both	)
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OWNER	INFOR	MA	TION

OWNERINFORM	MATION			
Owner Contact Name: Rickey Jones	Position: Owner			
Owner Company Name: NA				
Owner Street (P.O. Box): 2309 Highway 1 S Ste B				
Owner City: Greenville	State: MS Zip: 38701			
Owner Phone Number (include area code): 662-334-3030				
Renedialin Splin				
✓ OPERATOR INFORMATION (	if different than owner)			
Operator Contact Name: Fareed Ahmed	Position: Project Manager			
Operator Company Name: PELA GeoEnvironmental, Inc. (PE	LA)			
Operator Street (P.O. Box): PO Box 2310				
Operator City: Tuscaloosa	_ State: ALZip: 35403			
Operator Phone Number (include area code): 205-752-5543				
PROJECT INFOR	MATION			
Project Name: Rick's #2 Citgo				
Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 1280				
Physical Site Address (if not available indicate the nearest named	road):			
Street: 302 Yazo Street City: Lexington				
ounty: Holmes Zip: 39095				
Latitude: 33 degrees 6 minutes 31.6 seconds Longitude: 90 degrees 3 minutes 10.5 seconds				
Method Used to Determine Lat. & Long. (GPS (Please GPS Facility En	rrance) or Map Interpolation): MDEQ Database			

## WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater proposed to be discharged?  State Waters  POTW/Collection System				
Name of Nearest Receiving Stream: Storm drain flowing southward to Black Creek, ~1500' south of the site.				
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				
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)   11/08/2018   Date Signed				

<sup>1</sup>This 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