AI#27106 Gnf20190001





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 0258

(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 \Box OWNER $oxdot$ O	PERATOR (please check one or both)	
OWNER INFORMATION		
Owner Contact Name: Mr. Kamboj Gurdev (aka Dave Kamboj)	Position: Owner	
Owner Company Name: H & G Food Retail LLC		
Owner Street (P.O. Box): 1018 Highway 18		
Owner City: Port Gibson	State: MS Zip: 39150	
Owner Phone Number (include area code): (662) 422-2323		
OPERATOR INFORMATION (if	different than owner)	
Operator Contact Name: Greg Taylor	Position: Geologist	
Operator Company Name: Neel-Schaffer, Inc.		
Operator Street (P.O. Box): 125 S. Congress Street, Suite 1100		
	tate: MS Zip: 39201	
Operator Phone Number (include area code): (601) 948-3071		
	<u> </u>	
PROJECT INFORM	ATION	
Project Name: H & G Food Retail	ATION	
•). 12213	
Mississippi Groundwater Protection Trust Fund ID No. (if applicable		
Physical Site Address (if not available indicate the nearest named roa		
	City: Port Gibson	
County: Claiborne	Zip: 39150	
Latitude: 31 degrees 58 minutes 03 seconds Longitude: 90 Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entran		

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater proposed to be discharged? State \(\sqrt{S} \)	Waters POTW/Collection System	
Name of Nearest Receiving Stream: Bayou Pierre		
Name of POTW: NA		
POTW contact, title and telephone number: NA		
Name of Wastewater Collection Authority (if different from POTW): NA		
Wastewater Collection Authority contact, title and telephone number: NA		
to the first of the second		
Proposed rate of flow (gallons/day): 0.025		
Describe type of treatment: Dual Phase Vacuum Extraction Remediation System - equipped with air/water		
separator, oil/water separator and air stripper.		
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 impri		
Signature (Must be signed by operator when different than owner) Date	1545+ 19 2019 Signed	
Jack Rader Geo	obgist	
Printed Name ¹ Title	O .	

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