AI 28971

RECEIVED
AUG 12 2019
BY:

MISSISSIPPI DEPARTMENT 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 0266

(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: Shawn T. Evans Position: Vice President

Owner Company Name: MAE2

Owner Street (P.O. Box): 15 Carroll Drive

Owner City: Bluffton State: SC Zip: 29910

Owner Phone Number (include area code): _____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Beau Hale Position: Senior Geologist

Operator Company Name: Terracon

Operator Street (P.O. Box): 859 Pear Orchard Road

Operator City: Ridgleand State: MS Zip: 39157

Operator Phone Number (include area code): 769-233-2041

PROJECT INFORMATION

Project Name: Thomasville Mini-Mart

Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 12437

Physical Site Address (if not available indicate the nearest named road):

Street: 2489 Star Road City: Florence

County: Rankin Zip: 39073

Latitude: 32 degrees 09 minutes 24 seconds Longitude: 90 degrees 01 minutes 11 seconds

Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance) or Map Interpolation): Google Earth

WASTEWATER DISCHARGE INFORMATION

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

Name of Nearest Receiving Stream: Dry Creek

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

Proposed rate of flow (gallons/day): 28,800

Describe type of treatment: Extracted groundwater will flow through an oil/water separator followed by an air/stripper unit.

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[1] (Must be signed by operator when different than owner)

8-12-19
Date Signed

Beau Hale
Printed Name[1]

Senior Geologist
Title

[1]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

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CONTIGUOUS LANDOWNER NOTIFICATION OF CORRECTIVE ACTION AND SUBSEQUENT DISCHARGE OF TREATED GROUNDWATER DUE TO LEAKING UNDERGROUND STORAGE TANK(S)

(see ACT4, S-7 of the USTGP)

Underground storage tanks located at 2489 Star Road, Florence, Rankin County, MS

_____ [street address with city and county]

have been determined to have released motor fuel. In order to protect the environment and public health, a cleanup process must be started. The cleanup involves bringing a trailer contained groundwater treatment system to the site, pumping out the contaminated groundwater, treating it and discharging the treated water into the city wastewater sewer to be further treated or, in rare cases, to State waters. The recovered fuel is disposed at an offsite permitted facility. The time a unit is on site averages approximately three years.

Terracon _____ [applicant's name]

859 Pear Orchard Road, Ridgeland, MS 39157 _____ [address]

(769) 233-2041 _____ [phone number] is proposing to begin the cleanup process and discharge treated groundwater to Dry Creek _____ [name of receiving stream or Publicly Owned Treatment Works or Wastewater Collection Authority]. This notification is to provide you with an opportunity to comment to the Mississippi Department of Environmental Quality Permit Board before the Board makes a final decision regarding the matter. No discharge of treated groundwater will occur unless the Board grants coverage of this activity under the General Permit for Underground Storage Tank Groundwater Remediation. This notice has been sent to you by Certified Mail - Return Receipt Requested. If you have no comments regarding this proposed facility, no response is necessary and the permitting process will continue. If you have any comments, they must be received by the Mississippi Department of Environmental Quality within 10 days of receipt of this correspondence. **The Department of Environmental Quality is limited in its review of this project to those environmental issues in which statutory authority has been given**. If you have any questions you may contact the Service and Miscellaneous Branch of MDEQ at (601) 961-5171. Any comments relative to zoning or economic and social impacts are within the jurisdiction of local zoning and planning authorities and should be addressed to those authorities. Comments are to be mailed to the following address:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P. O. Box 2261
Jackson, Mississippi 39225

Revised: April 6, 2011

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THOMASVILLE WATER ASSOC
8483 STAR ROAD
FLORENCE, MS 39073

9590 9402 1530 5362 9260 13

2. Article Number *(Transfer from service label)*

7016 0340 0000 6211 9035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Betty Curlee
☒ Agent
☐ Addressee

B. Received by *(Printed Name)*
Betty Curlee

C. Date of Delivery
7-29-19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
Mail Restricted Delivery
00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STEVEN & PATRICIA HERRIN
164 GARRETT ROAD
FLORENCE, MS 39073

9590 9402 1530 5362 9260 51

2. Article Number *(Transfer from service label)*

7016 0340 0000 6211 9042

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Steven F. Herrin
☐ Agent
☒ Addressee

B. Received by *(Printed Name)*
STEVEN F. HERRIN

C. Date of Delivery
7-29-19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
Mail Restricted Delivery
500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BERRY NASH LLC & DONALD NASH
C/O JIM NASH
118 PARKSIDE DRIVE
BRANDON, MS

9590 9402 1530 5362 9260 20

2. Article Number *(Transfer from service label)*

7016 0340 0000 6211 9028

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jim Nash ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Jim Nash

C. Date of Delivery 7/27/19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
00)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CROOKED CREEK, LLC
P.O. BOX 369
PELAHATCHIE, MS 39145

9590 9402 1530 5362 9260 37

2. Article Number *(Transfer from service label)*

7016 0340 0000 6211 9011

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Shunell Betts ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Shunell Betts

C. Date of Delivery 7/29/19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
00)

Domestic Return Receipt

7016 0340 0000 6211 9035

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

FLORENCE, MS 39073

OFFICIAL USE

Certified Mail Fee $3.50
Extra Services & Fees (check box, add fee as appropriate) $2.80
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $0.55

Total Postage and Fees $6.85

0157
09

Postmark Here

07/26/2019

Sent To
THOMASVILLE WATER ASSOC
Street and Apt. No., or PO Box No.
2483 STAR ROAD
City, State, ZIP+4®
FLORENCE MS 39073

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0340 0000 6211 9017

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

PELAHATCHIE, MS 39145

OFFICIAL USE

Certified Mail Fee $3.50
Extra Services & Fees (check box, add fee as appropriate) $2.80
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $0.55

Total Postage and Fees $6.85

0157
09

Postmark Here

07/26/2019

Sent To
CROOKED CREEK LLC
Street and Apt. No., or PO Box No.
PO BOX 369
City, State, ZIP+4®
PELAHATCHIE, MS 39145

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0340 0000 6211 9004

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

FLORENCE, MS 39073

OFFICIAL USE

Certified Mail Fee $3.50
Extra Services & Fees (check box, add fee as appropriate) $2.80
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $0.55

Total Postage and Fees $6.85

0157
09

Postmark Here

07/26/2019

Sent To
CLIFFORD HORNBEAK
Street and Apt. No., or PO Box No.
109 THOMASVILLE ROAD
City, State, ZIP+4®
FLORENCE, MS 39073

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0340 0000 6211 9042

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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FLORENCE, MS 39073

OFFICIAL USE

Certified Mail Fee $3.50
Extra Services & Fees (check box, add fee as appropriate) $2.80
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $0.55

Total Postage and Fees $6.85

0157
09

Postmark Here

07/26/2019

Sent To
104 GARRETT ROAD
Street and Apt. No., or PO Box No.
FLORENCE, MS 39073
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0340 0000 6211 9028

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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BRANDON, MS 39042

OFFICIAL USE

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- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $0.55

Total Postage and Fees $6.85

0157
09

Postmark Here

07/26/2019

Sent To
BERRY NASH LLC & DONALD NASH
Street and Apt. No., or PO Box No.
118 PARKSIDE DRIVE
City, State, ZIP+4®
BRANDON, MS 39042

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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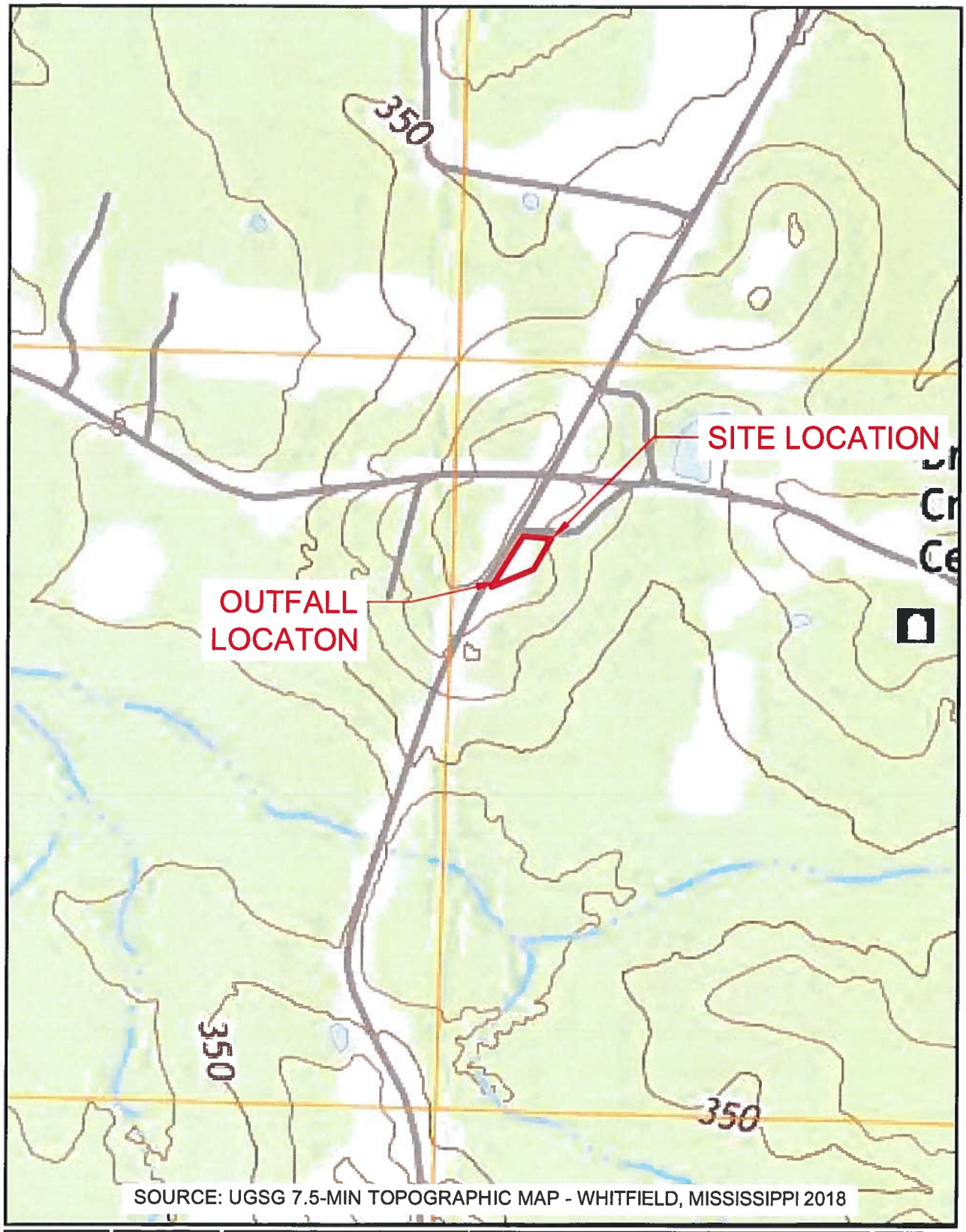

SOURCE: UGSG 7.5-MIN TOPOGRAPHIC MAP - WHITFIELD, MISSISSIPPI 2018

Project Mngr: BDH	Project No. PEB197082	Terracon Consulting Engineers and Scientists	SITE LOCATION MAP	EXHIBIT
Drawn By: BDH	Scale: NTS		THOMASVILLE MINIMART MGPTF FACILITY I.D. 12437 2489 STAR ROAD FLORENCE, MISSISSIPPI	1
Checked By: RS	File No. NA			
Approved By: BDH	Date: AUGUST 12, 2019	859 PEAR ORCHARD RD RIDGELAND-MISSISSIPPI (601) 956-4464 (601) 956-9533		

Terracon

TRANSMITTAL

859 Pear Orchard Road
Ridgeland, Mississippi 39157

Telephone: 601.956.4467
Facsimile: 601.956.9533

TO:	Ms. Krystal Rudolph MS Department of Environmental Quality 515 E. Amite Street Jackson, MS 39201
FROM:	Beau D. Hale, RPG
DATE:	August 12, 2019

SENT VIA: ☐ U.S. MAIL ☐ OVERNIGHT ☒ HAND DELIVER ☐ _____

ITEMS TRANSMITTED:

DOCUMENT TYPE	REFERENCE	OUR PROJECT NO.	NO. COPIES	DESCRIPTION
USTNOI Form	MGPTF ID No. 12437	EB197115	1	Thomasville Mini-Mart 2489 Lakeland Drive Jackson, MS 39073

THESE ITEMS ARE TRANSMITTED:

☒ FINAL FOR YOUR USE/INFORMATION
☐ PRELIMINARY FOR REVIEW AND COMMENT
☐ FOR YOUR SIGNATURE

REMARKS:

COPIES TO:

RECEIVED
AUG 12 2019
Dept. of Environmental Quality

August 12, 2019

Mississippi Department of Environmental Quality
Environmental Permits Division - Chief
515 Amite Street
Jackson, Mississippi 39201

RECEIVED
AUG 12 2019
BY:

Attn: Ms. Krystal Rudolph
P: (601) 961-5096
E: krudolph@mdeq.ms.gov

RE: UST Groundwater Remediation Notice of Intent
Thomasville Mini-Mart
2489 Lakeland Drive
Jackson, Mississippi 39073
Terracon Project No. EB197115

Dear Ms. Pitts:

Terracon Consultants, Inc. (Terracon) is pleased to submit the enclosed Underground Storage Tank Groundwater Remediation Notice of Intent (USTNOI) for the Thomasville Mini-Mart located at 2489 Star Road in Florence, Mississippi. If there are any questions regarding this information, please do not hesitate to contact me at (769) 233-2041.

Sincerely,
Terracon Consultants, Inc.

Beau D. Hale, RPG
Senior Geologist

Attachments: USTNOI Form
Contiguous Landowner Notification Documentation
7.5-Minute Topographic Map