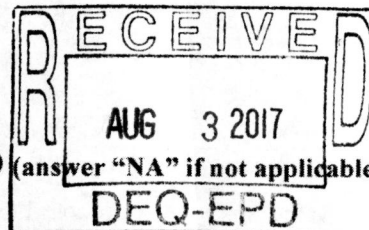


AI #1267  
GAP20170001



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

THE APPLICANT IS  OWNER  OPERATOR (please check one or both)  
THE FACILITY IS  NEW or EXPANDING  EXISTING (please check one)

DWTP NOI MSG180013  
OWNER INFORMATION

Owner Contact Name: Bradley Barnes Position: Gen. Mgr.  
Owner Company Name: Hilldale Water District, Inc.  
Owner Street (P.O. Box): 4326 Lee Rd  
Owner City: Vicksburg State: MS Zip: 39180  
Owner Phone Number (include area code): 601-636-8475

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: NA Position: \_\_\_\_\_  
Operator Company Name: \_\_\_\_\_  
Operator Street (P.O. Box): \_\_\_\_\_  
Operator City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Operator Phone Number (include area code): \_\_\_\_\_

FACILITY INFORMATION

Facility Name: NA  
Mississippi Permit to Withdraw for Beneficial Use Number: MS-GW-\_\_\_\_\_  
(A Permit to Withdraw for Beneficial Use can be obtained from the MDEQ Office of Land & Water by calling the program coordinator at 601-961-5201. Wells with inner diameter less than 6" are exempted from this groundwater withdrawal permit. If so, mark:  Exempt)  
Physical Site Address (if not available indicate the nearest named road)  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

## WASTEWATER DISCHARGE INFORMATION

Where is the waste water proposed to be discharged?  State Waters  Collection/Treatment System

Name of Receiving Stream: unnamed ephemeral ditch to unnamed stream to Hatcher Bayou.

Will this discharge impact a Wetlands or Impaired Waterbody? If so, explain: No

Proposed Discharge Rate of Flow (MGD): .0002

Is treatment provided at any outfall? If so, describe: See Attachment 1

## 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.

George L. Hunt Jr. 7/10/17

Signature<sup>1</sup>

Date Signed

George L. Hunt, Jr. President

Printed Name<sup>1</sup>

Title

<sup>1</sup>This application shall be signed according to the General Permit, Activity 9, T-4, page 14, 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.

DWTP NOI 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

April 2009

## Attachment I

Filter backwash water is sent to 20,000 gallon holding tank where the solids settle to the bottom. The sludge is removed from the bottom and applied to a sludge drying bed. The clear water in the 20,000 gallon holding tank is recycled back to the drinking water treatment plant. The liquid side stream from the drying bed is discharged into an ephemeral ditch which leads to an unnamed stream and onto Hatcher Bayou.

