

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

OWNER INFORMATION

Owner Contact Name: Artie Fletcher and Lisa Fletcher Position: Owners
 Owner Company Name: Collective Services, LLC
 Owner Street (P.O. Box): 103 Sleepy Hollow
 Owner City: Picayune State: MS Zip: 39466
 Owner Phone Number (include area code): _____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Charles V. Coney Position: Senior Geologist
 Operator Company Name: Environmental Management Services, Inc.
 Operator Street (P.O. Box): P. O. Box 15369
 Operator City: Hattiesburg State: MS Zip: 39404
 Operator Phone Number (include area code): 601-544-3674

PROJECT INFORMATION

Project Name: Mitchell's Gulf
 Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 6589
 Physical Site Address (if not available indicate the nearest named road):
 Street: 501 Highway 11 N City: Picayune
 County: Pearl River Zip: 39466
 Latitude: 30 degrees 31 minutes 46.7 seconds Longitude: 89 degrees 40 minutes 44 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: _____

Name of POTW: Pearl River County Utility Authority, Poplarville POTW, Permit MS0020494

POTW contact, title and telephone number: Cliff Diamond, Executive Director (601) 799-5259

Name of Wastewater Collection Authority (if different from POTW): N/A

Wastewater Collection Authority contact, title and telephone number: N/A

Proposed rate of flow (gallons/day): 7,000

Describe type of treatment: Vacuum volatilization, oil water separator, 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 imprisonment for knowing violations.


Signature¹ (Must be signed by operator when different than owner)

07/26/2022
Date Signed

Ethan E. Allen, RPG

Director

Printed Name¹

Title

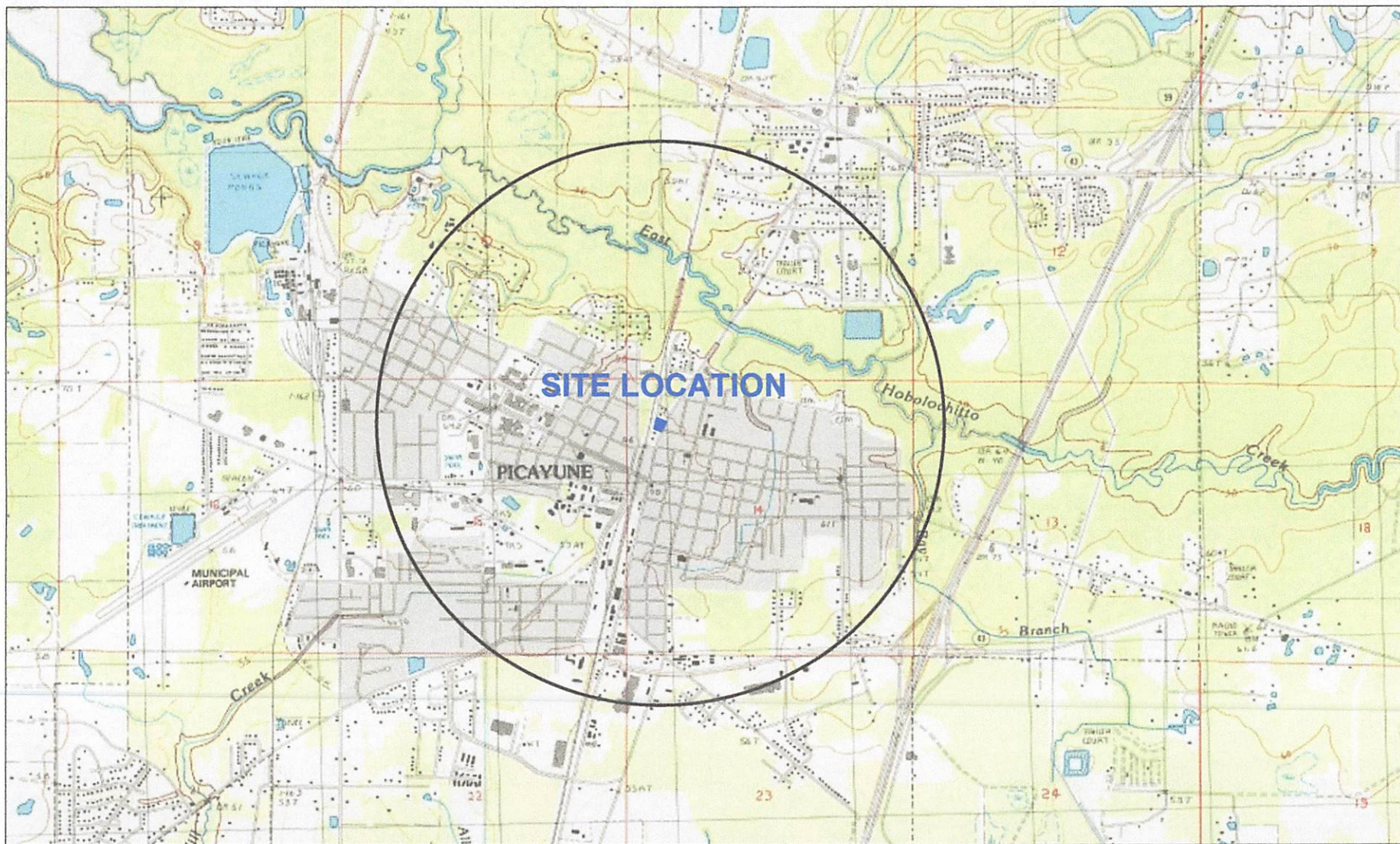
¹This application shall be signed according to the General Permit, ACT9, T-7 as follows:

- 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:

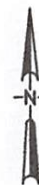
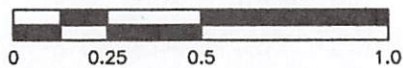
Chief, Environmental Permits Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: April 6, 2011



SCALE 1 INCH = 0.5 MILE

0.25 0.5



SITE LOCATION MAP

FORMER MITCHELL'S GULF - FACILITY ID# 6589
501 HIGHWAY 11 NORTH
PICAYUNE, MISSISSIPPI

DATE: 01/20/2022	APPROVED: BY: 01/21/2022	DRAWN BY: LMM
SCALE: AS SHOWN	DATE: C.V. Conner	CAD NO. MDE1-21-003

ENVIRONMENTAL
MANAGEMENT SERVICES, INC.

FIGURE
1

POTW AND WASTEWATER COLLECTION AUTHORITY NOTIFICATION AND APPROVAL FORM



INSTRUCTIONS

The Mississippi Department of Environmental Quality (MDEQ) must receive approval from the local POTW and Wastewater Collection Authority (if different entities) in order for the applicant to obtain coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit (see permit ACT4, S-6). Once both sections of the form have been completed, it shall be submitted to the address below. Coverage is required prior to discharging remediated groundwater to a POTW or Wastewater Collection Authority. If you have any questions, please contact the Service and Miscellaneous Industries Branch at 601/961-5171.

APPLICANT (please print or type)

Environmental Management Services, Inc. [name of applicant] is applying for coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit (**copy attached**). Remediated groundwater, associated with a leaking underground petroleum storage tank, is proposed to be discharged from a site located at 501 Highway 11 N, Picayune, Pearl River County, Mississippi 39466 [complete address with county]. Approximately 7,000 [gallons per day] of treated groundwater will be discharged to Pearl River County Utility Authority [name of local POTW or Wastewater Collection Authority]. The treated groundwater will be discharged in accordance with the conditions, requirements and limitations of Mississippi's Underground Storage Tank Groundwater Remediation General Permit.

POTW and WASTEWATER COLLECTION AUTHORITY APPROVAL

I certify that I am a duly authorized representative of this POTW (or Collection Authority) and directly responsible for managing daily operations. I am familiar with the requirements of the above referenced General Permit and acknowledge that, by signing this form, I am providing MDEQ with written approval of this proposed discharge to our treatment works.

Criff Diamond
POTW Authorized Signature

Criff Diamond
Printed Name

Executive Director
Title

7/22/22 *601-799-5259*
Date Signed Daytime Telephone

Collection Authority Authorized Signature

Printed Name


Title

Date Signed Daytime Telephone

This form shall 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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 10px;">Michael A. & Marie J. O'Flynn</p> <p style="font-size: 1.2em; margin-top: 10px;">16044 Brooklyn Drive</p> <p style="font-size: 1.2em; margin-top: 10px;">Biloxi, MS 39532</p> <div style="text-align: center; margin-top: 20px;">  </div> <p style="font-size: 1.1em; margin-top: 10px;">9590 9402 6418 0303 2577 86</p>	<p>A. Signature</p> <p>X <i>Michael O'Flynn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Michael O'Flynn</i> <i>6/28/77</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 20px;">If YES, enter delivery address below:</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 10px;">7022 0410 0000 9267 3056</p>	

JACKSON MS 390

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Morris & Patricia Musgrove 15 Top of Hill Lane Carriere, MS 39426</p>		<p>B. Received by (Printed Name) ANN MUSGROVE</p> <p>C. Date of Delivery 7-18-22</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0000 9267 3988</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 7490 2055 4071 06</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>C.M. Lisenbea Estate P.O. Box 275 Picayune, MS 39466</p>		<p>B. Received by (Printed Name) Julie Lisenbea</p> <p>C. Date of Delivery 6-16-22</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0000 9267 3032</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 6418 0303 2578 09</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

From: copr.sos.ms.gov/corp/portal/c/page/corpBusinessIdSearch/portal.aspx?#

ENVIRONMENTAL MANAGEMENT SERVICES, INC. x

User Actions

[View Filed Documents](#) [Opt-in or Opt-out of Email updates](#) [Print Business Details](#)

Name History

Name

ENVIRONMENTAL MANAGEMENT SERVICES, INC.

Name Type

Legal

Business Information

Business Type: Profit Corporation
Business ID: 601703
Status: Good Standing
Effective Date: 09/16/1993
State of Incorporation: Mississippi
Principal Office Address: 7350 U.S. Highway 98
Hattiesburg, MS 39402

Registered Agent

Name

[CLYDE WOODWARD JR](#)
7350 U. S. Highway 98; P. O. Box 15369
Hattiesburg, MS 39404-5369

Officers & Directors

Name

[Clyde Woodward Jr](#)
51 Lake Lane, P O Drawer 152
Columbia, MS 39429

Title

Incorporator

[Clyde Woodward Jr](#)
P.O. Box 15369, 7350 U.S.
Highway 98
Hattiesburg, MS 39404-5369

Director, President, Secretary, Treasurer

[Christopher T Johnson](#)
P.O. Box 15369, 7350 U.S.
Highway 98
Hattiesburg, MS 39404-5369

Director

[Ethan Allen](#)
P.O. Box 15369, 7350 U.S.
Highway 98
Hattiesburg, MS 39404-5369

Director

Ms. Krystal Rudolf
MDEQ UST Facility I.D. 6589

July 26, 2022
Page 2

If you have any questions regarding the enclose NOI and supporting documents, please contact Charles Coney at (601) 331-8219 or Ken Ruckstuhl at (601) 832-6509.

Sincerely,
Environmental Management Services, Inc.



Charles V. Coney, RPG
Senior Geologist

Cc: Dan Harper, MDEQ

Enclosures



July 26, 2022

Krystal Rudolf
Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
Office of Pollution Control
515 East Amite Street
Jackson, MS 39201

Re: Underground Storage Tank, Groundwater Remediation, Notice of Intent
Mitchell's Gulf
501 Highway 11 North
Picayune, Mississippi
MDEQ UST Facility ID No. 6589

Dear Ms. Rudolf:

Environmental Management Services, Inc. (EMS) has prepared the enclosed Underground Storage Tank Groundwater Remediation Notice of Intent (NOI) for the above referenced site. This NOI is being submitted at the request of the Mississippi Department of Environmental Quality (MDEQ), Underground Storage Tank (UST) Branch. The MDEQ UST project manager for this facility is Dan Harper.

In addition, the following required submittals are also enclosed:

- A USGS quadrangle map extending at least one-half mile beyond the facility property boundary;
- A POTW and Wastewater Collection Authority Notification and Approval Form that is signed by Cliff Diamond, Executive Director of the Pearl River County Utility Authority, Poplarville POTW;
- Return receipts from contiguous landowner notifications; and
- A certificate of good standing printed from the Mississippi Secretary of State website.

The NOI form also requires a list of water treatment chemicals that are proposed for use. Chemicals will not be used to treat the wastewater, therefore there is no list to provide.



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 0278

(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)