



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

UST FORMS PACKAGE

Underground Storage Tank (UST) Groundwater Remediation General Permit

NPDES General Permit MSG12
For Discharges of Remediated Groundwater

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These standard forms are used to apply for permit coverage under the Underground Storage Tank General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on the MDEQ website at www.deq.state.ms.us. Required information can be completed on screen and printed.

Revised: April 6, 2011

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AI : 27378

Coverage #:
MSG120280

Rec'd via email:
09/06/2023



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 **0280**

(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)

O.C

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

OWNER INFORMATION

Owner Contact Name: Mr. Barry Shane Strickland Position: Owner
Owner Company Name: Cousin's Travel Centers, LLC
Owner Street (P.O. Box): 621 Highway 7 South
Owner City: Holly Springs State: MS Zip: 38635
Owner Phone Number (include area code): (662)252-3150

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Brian Cobb Position: President / Owner
Operator Company Name: Cobb Environmental & Technical Services, Inc.
Operator Street (P.O. Box): 871 South Green Street / (P.O. Box 1602 [zip 38802])
Operator City: Tupelo State: MS Zip: 38804
Operator Phone Number (include area code): (662)841-0995

PROJECT INFORMATION

Project Name: Cousin's Total Savings
Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 12062
Physical Site Address (if not available indicate the nearest named road):
Street: 670 Highway 7 South City: Holly Springs
County: Marshall Zip: 38635
Latitude: 34 degrees 45 minutes 8.30 seconds Longitude: 89 degrees 27 minutes 12.6 seconds
Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance) or Map Interpolation): MDEQ UST Database

WASTEWATER DISCHARGE INFORMATION

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

Name of Nearest Receiving Stream: Nunnally Creek

Name of POTW: Holly Springs Public Works

POTW contact, title and telephone number: Donald Warren, General Manager (662) 252-4411 (X-1224)

Operator = Eddie Jefferson (901) 277-7284

Name of Wastewater Collection Authority (if different from POTW): As Above

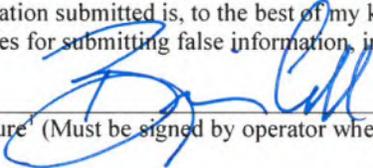
Wastewater Collection Authority contact, title and telephone number: As Above

Proposed rate of flow (gallons/day): Estimated average 21,600 GPD (15GPM X60 Min/Hr X 24 Hr/Da)

Describe type of treatment: Dual-Phase (Total Fluids) recovery with air stripping of volatile organic compound (VOC), and off-gas treatment by activated carbon filtration

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)

Brian Cobb
Printed Name¹

10/18/22
Date Signed

President / CETS Owner
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

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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 670 Highway 7 South, Holly Springs, Marshall County, Mississippi
_____ [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.

Brian Cobb _____ [applicant's name]

c/o Cobb Environmental & Technical Services, Inc./ 871 South Green Street, Tupelo, MS 38801 [address]

(662)844-0995 [phone number] is proposing to begin the cleanup process and discharge treated

groundwater to Nunnally 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

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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)

_____ [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 _____ [complete address with county]. Approximately _____ [gallons per day] of treated groundwater will be discharged to _____ [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.

POTW Authorized Signature	Collection Authority Authorized Signature
Printed Name	Printed Name
Title	Title
Date Signed	Date Signed
Daytime Telephone	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

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Request for Termination (RFT) of Coverage



UST GENERAL NPDES PERMIT
Coverage No. MSG12 _____ County _____
(Fill in your Certificate of Coverage Number and County)

(Please Print or Type)

Facilities planning to cease the discharge of remediated groundwater shall request termination of the UST General Permit Coverage by completing this form and submitting it to the address below at least 30 days prior to ceasing a discharge of remediated groundwater.

PROJECT INFORMATION

Project Name: _____
Physical Site Street Address: _____
City: _____ County: _____
Closure Date: _____

OWNER INFORMATION

Owner Company Name: _____
Owner Company Contact Name & Position _____
Owner Mailing Address (Street/P.O. Box): _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

OPERATOR INFORMATION (if different than owner)

Operator Company Name (if different than owner): _____
Operator Contact Name & Position: _____
Operator Mailing Address (Street/P.O. Box): _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

UST BRANCH APPROVAL

Has a "No Further Action" letter been issued regarding this project by the UST Branch, MDEQ?

Yes or No (Please check one)

If yes, please attach a copy of the "No Further Action" letter to this form.

If no, please explain why a "No Further Action" letter has not been issued.

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 fines and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge remediated groundwater under this general permit. Discharging pollutants to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print)	Title	Signature	Date Signed
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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, mayor, or ranking elected official.

After signing please mail to: Chief, Environmental Permits Division,
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

Revised: April 6, 2011

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
 For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
 Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p style="padding-left: 40px;">Street: _____</p> <p style="padding-left: 40px;">City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: (_____) _____</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p>
<p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>
<p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p>
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p>	
<p>_____</p> <p>Print New Permittee¹ Name</p>	<p>_____</p> <p>Print Previous Permittee¹ Name</p>
<p>_____</p> <p>New Authorized Signature²</p>	<p>_____</p> <p>Previous Authorized Signature²</p>
<p>_____</p> <p>Title</p>	<p>_____</p> <p>Title</p>
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

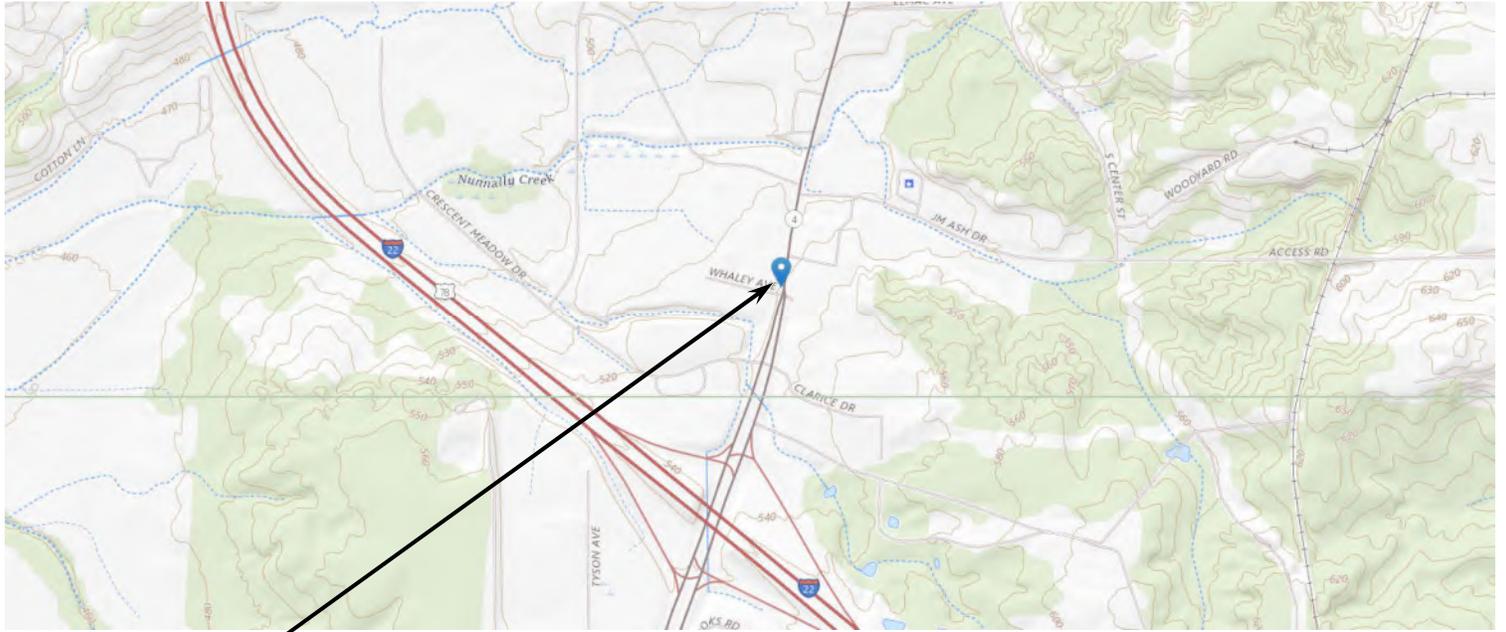
²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input checked="" type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input checked="" type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>



SITE



Cousin's Total Savings
 670 Highway 7 South
 Holly Springs, Marshall County, Mississippi

Location Map
 Showing Local Topography

COBB ENVIRONMENTAL & TECHNICAL SERVICES, Inc.
 871 SOUTH GREEN STREET
 TUPELO, MISSISSIPPI 38804

CETS Job No. E-3961

Figure:
1



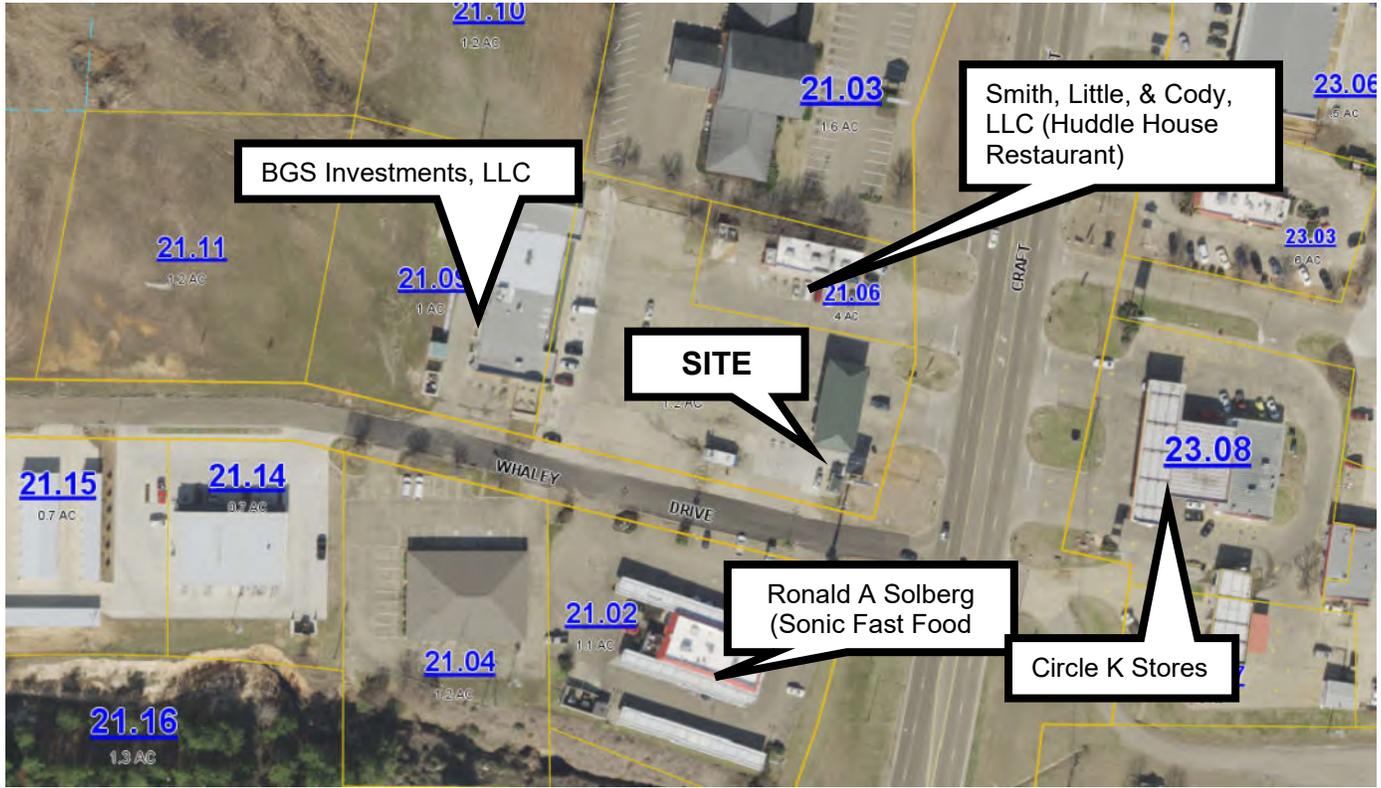
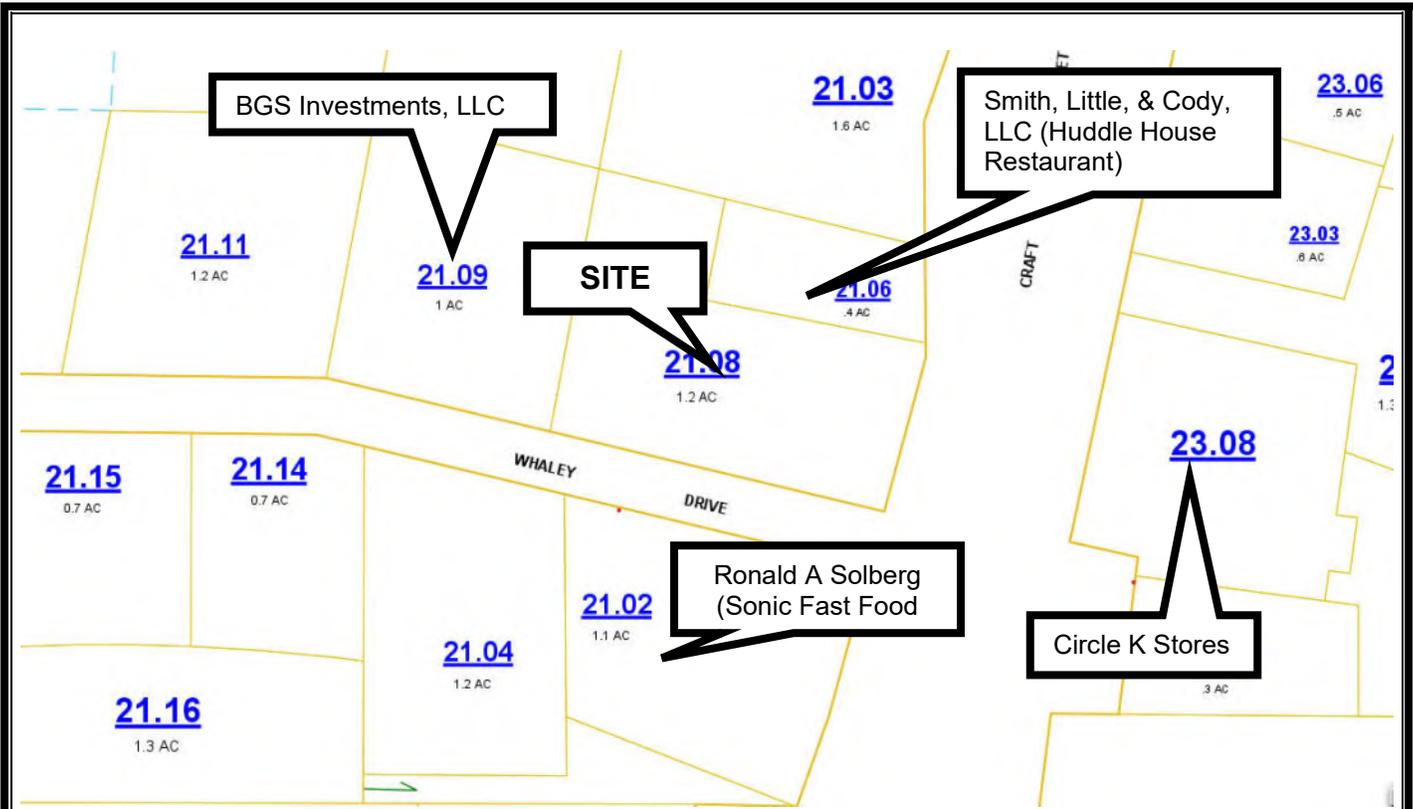
Cousin's Travel Centers
 670 Highway 7 South
 Holly Springs, Marshall County, Mississippi

**Surrounding Area Map
 With Adjacent Property Usage**

COBB ENVIRONMENTAL & TECHNICAL SERVICES, Inc.
 871 SOUTH GREEN STREET
 TUPELO, MISSISSIPPI 38804

CETS Job No. E-3961

Figure:
2A



Cousin's Travel Centers
 670 Highway 7 South
 Holly Springs, Marshall County, Mississippi

Tax Plat Maps
Showing Adjacent Property
Owners

COBB ENVIRONMENTAL & TECHNICAL SERVICES, Inc.
 871 SOUTH GREEN STREET
 TUPELO, MISSISSIPPI 38804

CETS Job No. E-3961

Figure:
2B

SURROUNDING PROPERTY OWNER INFORMATION

North of the Subject Property:

Owner Name: Smith, Little, & Cody, LLC (Huddle House Restaurant)
Owner Address: 5901-B Peachtree Dunwoody Rd NE, Atlanta, GA 30328
Owner Phone Number: Phone Number Unknown

East of the Subject Property

Owner Name: Circle K Stores
Owner Address: 1100 Situs Court, Suite 100, Raleigh, NC 27606
Owner Phone Number: Phone Number Unknown

West of the Subject Property:

Owner Name: BGS Investments, LLC
Owner Address: 621 Highway 7 South, Holly Springs, MS 38635
Owner Phone Number: Phone Number Unknown

South of the Subject Property:

Owner Name: Ronald A Solberg (Sonic Fast Food Restaurant)
Owner Address: P.O. Box 751510, Memphis, TN 38175
Owner Phone Number: Phone Number Unknown



Cobb Environmental & Technical Services, Inc.
 Construction • Fueling Systems • Environmental
 P.O. Box 1602 • Tupelo, MS 38802-1602



7022 0410 0000 3529 6496

Smith, Little & Cody
 (Huddle House Restaurant)
 5901-B Peachtree Dunwoody Rd NE
 Atlanta, GA 30328

7022 0410 0000 3529 6496

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

3-15-23

Postmark
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Postage

Smith, Little & Cody
 (Huddle House Restaurant)
 5901-B Peachtree Dunwoody Rd NE
 Atlanta, GA 30328

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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Cobb Environmental & Technical Services, Inc.
 Construction • Fueling Systems • Environmental
 P.O. Box 1602 • Tupelo, MS 38802-1602



7022 0410 0000 3529 6526

Circle K Stores
 1100 Situs Court, Suite 100
 Raleigh, NC 27606

7022 0410 0000 3529 6526

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

3-15-23

Postmark
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Postage

Circle K Stores
 1100 Situs Court, Suite 100
 Raleigh, NC 27606

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



Cobb Environmental & Technical Services, Inc.
Construction • Fueling Systems • Environmental

P.O. Box 1602 • Tupelo, MS 38802-1602



7022 0410 0000 3529 6502

Mr. Ronald A. Solberg
(Sonic Fast Food Restaurant)
P.O. Box 751510
Memphis, TN 38175

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

Mr. Ronald A. Solberg
Sonic Fast Food Restaurant
P.O. Box 751510
Memphis, TN 38175

3-15-23

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7022 0410 0000 3529 6502

CERTIFIED MAIL®



7022 0410 0000 3529 6519

BGS Investments, LLC
621 Highway 7 South
Holly Springs, MS 38635

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

BGS Investment, LLC
621 Highway 7 South
Holly Springs, MS 38635

3-15-23

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7022 0410 0000 3529 6519



Cobb Environmental & Technical Services, Inc.
Construction • Fueling Systems • Environmental

P.O. Box 1602 • Tupelo, MS 38802-1602