

M: 27130

MSC 120288

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

OWNER INFORMATION

Owner Contact Name: Charles Rogers Position: Owner
Owner Company Name: Rogers Oil Company of Columbia, Inc.
Owner Street (P.O. Box): P. O. Box 569
Owner City: Columbia State: MS Zip: 39429
Owner Phone Number (include area code): 601-736-3242

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Jay Santucci Position: Treasurer
Operator Company Name: W. L. Burle Engineers, P.A.
Operator Street (P.O. Box): P. O. Box 1638
Operator City: Madison State: MS Zip: 39130
Operator Phone Number (include area code): 601-957-7813

PROJECT INFORMATION

Project Name: Cox's Triangle Mini Mart
Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 4852
Physical Site Address (if not available indicate the nearest named road):
Street: 2135 Highway 98 City: Foxworth
County: Marion County Zip: 39483
Latitude: 31 degrees 14 minutes 1.54 seconds Longitude: -89 degrees 51 minutes 50.1 seconds
Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance) or Map Interpolation): Google Maps

WASTEWATER DISCHARGE INFORMATION

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

Name of Nearest Receiving Stream: Tributary flowing toward the Pearl River

Name of POTW: N/A

POTW contact, title and telephone number: N/A

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

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

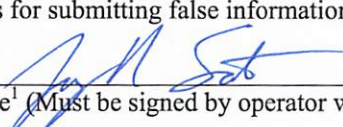
N/A

Proposed rate of flow (gallons/day): 14,400

Describe type of treatment: Groundwater treatment system consists of an oil/water separator followed by an aeration chamber.

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)

Jay Santucci

Printed Name¹

9/9/2025

Date Signed

Treasurer

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 2135 Highway 98, Foxworth, MS, Marion County
_____ [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.

W. L. Burle, Engineers, P.A. _____ [applicant's name]

111 South Walnut Street, Greenville, MS 38701 _____ [address]

662-332-2619 [phone number] is proposing to begin the cleanup process and discharge treated groundwater to a storm drain along Hwy 98, then to unnamed tributary flowing toward Pearl River [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)

Not Applicable [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 Not Applicable [complete address with county]. Approximately Not Applicable [gallons per day] of treated groundwater will be discharged to Not Applicable [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

Not Applicable

Printed Name

Not Applicable

Title

N/A

Date Signed

Not Applicable

Daytime Telephone

Collection Authority Authorized Signature

Not Applicable

Printed Name

Not Applicable

Title

N/A

Date Signed

Not Applicable

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.

Item I. Facility Name: _____ Location: (Do Not Use P.O. Box) Street: _____ City: _____ State: <u>MS</u> Zip: _____ County: _____ Telephone: (_____) _____	Item II. Responsible official after transfer or name change: Name: _____ Title: _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone (_____) _____								
Item III. Previous Permittee ¹ : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____	Item IV. New Permittee ¹ : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____								
Item V. Industrial Activity SIC Code: _____ Brief Description: _____	Item VI. Will Facility Operations Change? Yes _____ No _____ If yes, the appropriate applications and permits may require modification prior to change.								
Item VII. Will Facility Name Change? Yes _____ No _____ If Yes, Provide New Name for Permit Coverage. New Name: _____	Item VIII. Signature for Name Change Print Name: _____ Authorized Signature ² : _____ Title: _____ Date: _____								
Item IX. We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form. From: _____ To: _____ Acquisition Date: _____ <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> <table style="width: 100%;"> <tr> <td style="width: 50%;"> _____ Print New Permittee¹ Name </td> <td style="width: 50%;"> _____ Print Previous Permittee¹ Name </td> </tr> <tr> <td> _____ New Authorized Signature² </td> <td> _____ Previous Authorized Signature² </td> </tr> <tr> <td> _____ Title </td> <td> _____ Title </td> </tr> <tr> <td> _____ Date </td> <td> _____ Date </td> </tr> </table>		_____ Print New Permittee ¹ Name	_____ Print Previous Permittee ¹ Name	_____ New Authorized Signature ²	_____ Previous Authorized Signature ²	_____ Title	_____ Title	_____ Date	_____ Date
_____ Print New Permittee ¹ Name	_____ Print Previous Permittee ¹ Name								
_____ New Authorized Signature ²	_____ Previous Authorized Signature ²								
_____ Title	_____ Title								
_____ Date	_____ Date								

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**

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

FOXWORTH WATER & SEWER
P. O. BOX 233
FOXWORTH, MS. 39483

JULY 29, 2025

TO: JOSEPH CURRO

RE: FACILITY # 4852 COX'S
TRIANGLE MINI MART

As per our conversation, the amount of treated water to be discharged on a daily basis into our system would put the lagoon in excess of the permitted flow in a 24 hour period.

The cost of a new meter is \$400.00 with a minimum monthly bill of \$30.00. After The first 2,000 rate is \$7.50 per 1000 gallons.

Sincerely,
Foxworth Water & Sewer



LEGEND:

Well# = Water Well

1/4 MILE
RADIUS

— 1 MILE RADIUS



W. L. BURLE
ENGINEERS, P.A.
2187 HIGHWAY 51 SUITE A
MADISON, MS 39110

FIGURE 1
VICINITY MAP

COX'S TRIANGLE MINI MART
MGPTF I. D. No. 4852
2135 HIGHWAY 98
FOXWORTH, MS



QUADRANGLE LOCATION

Proj. No.	07897-2-0422
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CAD File No.
COX'S TRIANGLE PSI-1.dwg

Drawn By: TER

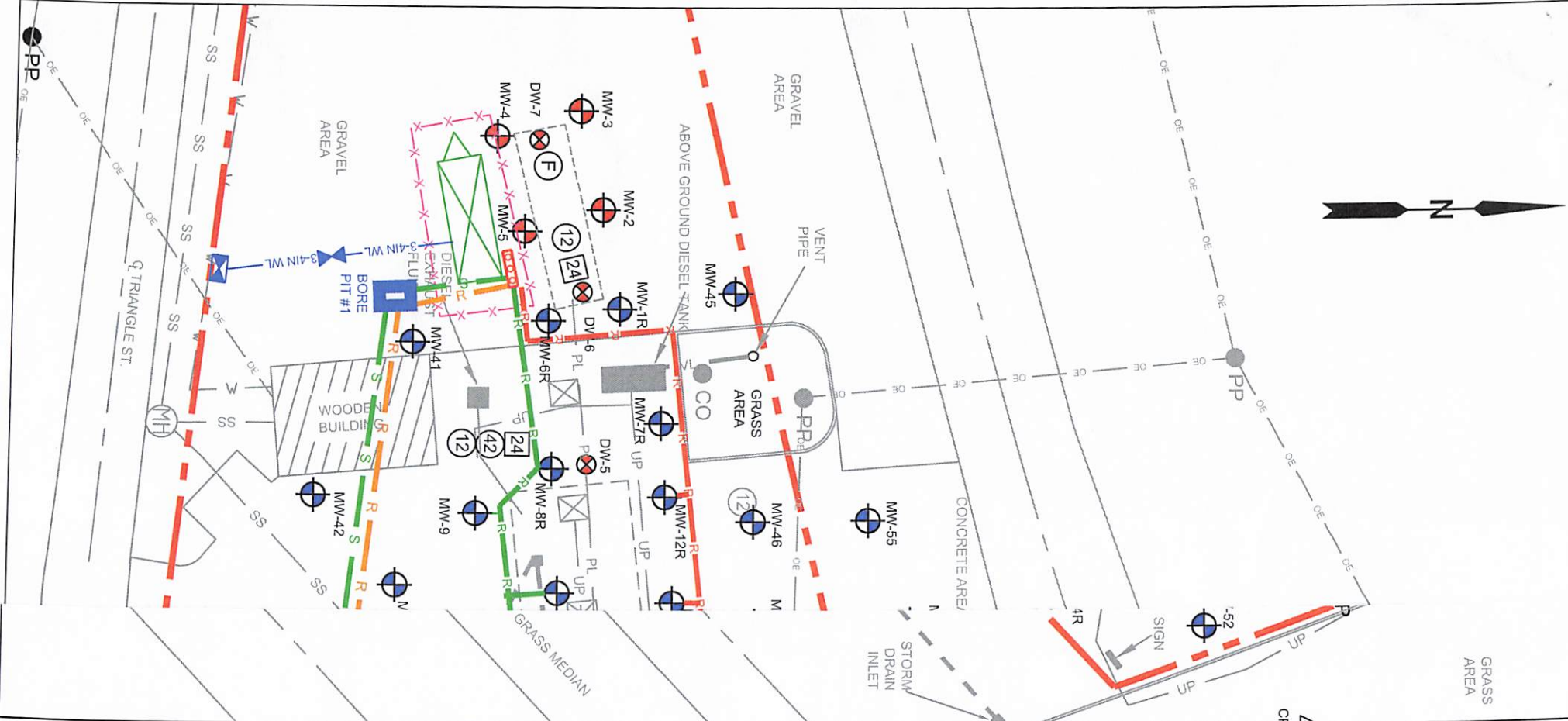
Chkd. By: JNS

Date: 2/21/2023

Scale: AS SHOWN

Dwg. No.	
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1



LEGEND:

- | | | | | | |
|--|--|--|---|--|-------------------------------|
| | SUBJECT SITE PROPERTY LINE | | PROPOSED EFFLUENT SEWER LINE (3") | | PROPOSED 3/4" WATER LINE |
| | DETECTION WELL | | PROPOSED FENCE | | PROPOSED REMEDIATION SYSTEM |
| | SOIL BORING/ MONITORING WELL (1") | | PROPOSED 4" RECOVERY LINES (NETWORK 1 WITH 6 RWs) | | PROPOSED UNDERGROUND BORE PIT |
| | SOIL BORING/ MONITORING WELL/ RECOVERY WELL (4") | | PROPOSED 4" RECOVERY LINES (NETWORK 2 WITH 7 RWs) | | PROPOSED WATER VALVE |
| | | | PROPOSED 4" RECOVERY LINES (NETWORK 3 WITH 3 RWs) | | PROPOSED WATER METER |

W.L.BURLE
ENGINEERS, P.A.
2187 Highway 51, Suite A
Madison, MS 39110

COX'S TRIANGLE MINI-MART
FACILITY NO. 4852
2135 HIGHWAY 98
FOXWORTH, MISSISSIPPI 39483

SITE MAP

07897-2-0224		
CAD File No. Cox's Triangle Mini-Mart Figure 3.dwg		
Drawn By: KMM/AGG	Dwg. No.	
Chkd. By: KMM/JRC	3	
Date: 07/21/2025		
Scale: 1"=30'		

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>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>James Hollinger 42 Hwy 587 Foxworth, MS 39483</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7013 1090 0001 8865 4579</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>Barcode: 9590 9402 4699 8323 0971 38</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation®</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation®	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																		
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																		

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>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>MARGARET ATWOOD P.O. BOX 873 FOXWORTH, MS 39483</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7013 1090 0001 8865 4494</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>Barcode: 9590 9402 4699 8323 0973 29</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation®</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation®	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																		
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																		



W.L.BURLE

ENGINEERS, P. A.

2187 HWY 51, SUITE A
P.O. BOX 1638
MADISON, MS 39130-1638

West Columbia Church of God
2132 Hwy 98
Foxworth, MS 39483

9327010902867199



7013 1090 0001 8865 4586

RDC 99



39483

U.S. POSTAGE
FCM LETTER
MADISON, MS 391
AUG 05, 2025

\$10.48
\$2324N501769-71

NIXIE 326 DE 1 0008/13/25

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

NSN

BC: 39130163838 *1766-00029-06-15

39483028



W.L.BURLE

ENGINEERS, P. A.

2187 HWY 51, SUITE A
P.O. BOX 1638
MADISON, MS 39130-1638

Owens Paint & Supply, LLC
P.O. Box 953
Foxworth, MS 39483

9308090386730310

CERTIFIED MAIL



7013 1090 0001 8865 4524

RDC 99



39483

U.S. POSTAGE
FCM LETTER
MADISON, MS 391
AUG 05, 2025

\$10.48
\$2324N501769-71

819

NIXIE 326 DE 1 0008/15/25

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC

BC: 39130163838 *1766-00037-06-15

39483028



ENGINEERS, P. A.

2187 HWY 51, SUITE A
P.O. BOX 1638
MADISON, MS 39130-1638

Mr. Blain Garrett
134 McCain Road
Foxworth, MS 39483



7013 1090 0001 8865 6566

DC 99



39483

U.S. POSTAGE
FCM LETTER
MADISON, MS 391
AUG 05, 2025

\$10.48
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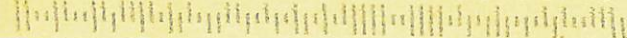
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RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

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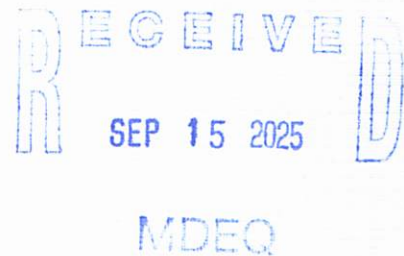
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BC: 39130163838 *1766-00030-06-15





September 9, 2025



Mrs. Tracy Tomkins, P.E.
Mississippi Department of Environmental Quality
Office of Pollution Control
P. O. Box 2261
Jackson, MS 39225-2261

Re: UST Groundwater Remediation Notice of Intent (NOI)
UST Groundwater Remediation General Permit Application
Facility I.D. 4852
Cox's Triangle Mini Mart
2135 Highway 98
Foxworth, MS 39483

Dear Mrs. Tomkins:

I've enclosed the following information for the referenced facility's UST Groundwater Remediation General Permit application:

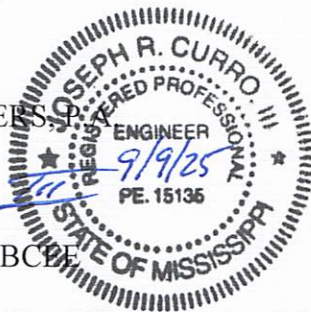
1. UST Groundwater Remediation NOI
2. Vicinity Map
3. Site Map with remediation system layout with outfall shown.
4. Certified-return receipts (and returned mail) for the site's contiguous landowners.
5. Publicly-Owned Treatment Works (POTW) (Foxworth Water and Sewer) – Letter of Denial

If additional information is needed, please feel free to call me at 601-750-5515.

Sincerely,

W. L. BURLE, ENGINEERS, P.A.


Joseph R. Curro III, P.E., BCDE



cc: Charles Rogers, Rogers Oil Company of Columbia, Inc.
John Traweck, MDEQ UST Branch
Jay Santucci, BURLE

Attachments



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

- UNDERGROUND STORAGE TANK NOTICE OF INTENT (USTNOI)..... 2
- CONTIGUOUS LANDOWNER NOTIFICATION..... 5
- POTW AND WASTEWATER COLLECTION AUTHORITY NOTIFICATION
AND APPROVAL FORM..... 6
- REQUEST FOR TERMINATION OF COVERAGE 7
- REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE
AND/OR NAME CHANGE 9

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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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 _ _ _ _ _

(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)