

March 11, 2026

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

**Re: Application for Certificate of Coverage under the Mississippi UST  
Groundwater Remediation General Permit**  
Double Quick No. 104  
1909 North State Street  
Clarksdale, Coahoma County, Mississippi 38614  
MGPTF No. 841

To Whom It May Concern:

Enclosed is an “Underground Storage Tank Groundwater Remediation Notice of Intent (USTNOI)”, for the above-referenced facility, along with other attachments required to apply for a Certificate of Coverage under the Mississippi UST Groundwater Remediation General Permit. One copy has also been submitted to Heather Pitts, UST Project Manager.

Thank you for your assistance. If you have any questions or need additional information, please do not hesitate to contact me at (601) 956-8233.

Sincerely,  
PPM Consultants, Inc.



Bennett Bates  
Project Manager

Attachments:  
Attachment A, Proof of Good Standing  
Attachment B, Site Location Map  
Attachment C, POTW Notification and Approval Form  
Attachment D, Contiguous Landowner Notifications  
Attachment E, Water Treatment Chemicals List



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

## 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 Activity (ACT) 9, T-7, page 19 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:

- **If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State**
- 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 Authority (see permit Activity (ACT) 4, S-6, page 7 and 11 Miss. Admin. Code Pt. 6, Ch. 1.).
- Certified-return receipts from contiguous landowner notifications (not required if the remediation system was operating under a previous permit or coverage - see permit Activity 4, S-7, page 8.)
- 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), and aquatic species toxicological data.

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

**General Permit Coverage #MSG12 0291**  
(NUMBER TO BE ASSIGNED BY STATE)

**THE APPLICANT IS**  **OWNER**  **OPERATOR**

**OWNER INFORMATION**

Owner Contact Name: Macray Peavy

Owner Company Legal Name: Refuel Operating Company LLC

Owner Street or P.O. Box: 4105 Faber Place Drive Suite 300

Owner City: North Charleston State: SC Zip: 29405

Owner Phone #: (843)388-4966 Owner Email: mpeavy@refuelmarket.com

**OPERATOR INFORMATION (if different than owner)**

Operator Contact Name: Bennett Bates

Operator Company Legal Name: PPM Consultants, Inc.

Operator Street (P.O. Box): 289 Commerce Park Drive, Suite D

Operator City: Ridgeland State: MS Zip: 39157

Operator Phone #: (601)956-8233 Operator Email: bennett.bates@ppmco.com

**FACILITY INFORMATION**

Site Name: Double Quick No. 104

Mississippi Groundwater Protection Trust Fund Identification Number: 841

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

Street: 1909 North State Street City: Clarksdale

County: Coahoma Zip: 38614

Latitude: 34 degrees 11 minutes 55.67seconds Longitude: 90 degrees 33 minutes 11.52seconds

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? <input type="checkbox"/> State Waters <input checked="" type="checkbox"/> Collection/Treatment System
Name of Nearest Receiving Stream: <u>N/A</u>
Name of Publicly Owned Treatment Works or Wastewater Authority: <u>City of Clarksdale, Clarksdale Public Utilities</u>
Proposed rate of flow (MGD): <u>0.072</u>
POTW contact, title and telephone number: <u>Curtis D. Boschert, General Manager, (662) 627-8401</u>
Is treatment provided at any outfall? If so, describe: <u>Dual Phase Vacuum Extraction System (DPVE) with a liquid ring pump, air water separator, and oil/water separator.</u>

## CERTIFICATION

<p>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.</p>	
 _____	<u>03/11/2026</u> _____
Signature <sup>1</sup> (Must be signed by operator when different than owner)	Date Signed
<u>Bennett Bates</u> _____	<u>Project Manager</u> _____
Printed Name <sup>1</sup>	Title

<sup>1</sup>This application shall be signed according to the General Permit, Activity 9, T-7, page 19, 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 10385  
Jackson, Mississippi 39289-0385

## **ATTACHMENTS**

**ATTACHMENT A**  
**PROOF OF GOOD STANDING**



# Michael Watson

## SECRETARY OF STATE

This is not an official certificate of good standing.

### Name History

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Name	Name Type
PPM CONSULTANTS, INC.	Legal

### Business Information

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<b>Business Type:</b>	Profit Corporation
<b>Business ID:</b>	690594
<b>Status:</b>	Good Standing
<b>Effective Date:</b>	12/29/1994
<b>State of Incorporation:</b>	LA
<b>Principal Office Address:</b>	5555 Bankhead Highway Birmingham , AL 35210

### Registered Agent

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**Name**  
Cogency Global Inc.  
248 E. Capitol Street, Suite 840  
Jackson, MS 39201

### Officers & Directors

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Name	Title
Keith Pyron 30704 Sergeant E.I. Boots Thomas Drive Spanish Fort, AL 36527	Director, President
Michael D McCown 5555 Bankhead Highway	Director, Vice President

Birmingham, AL 35210

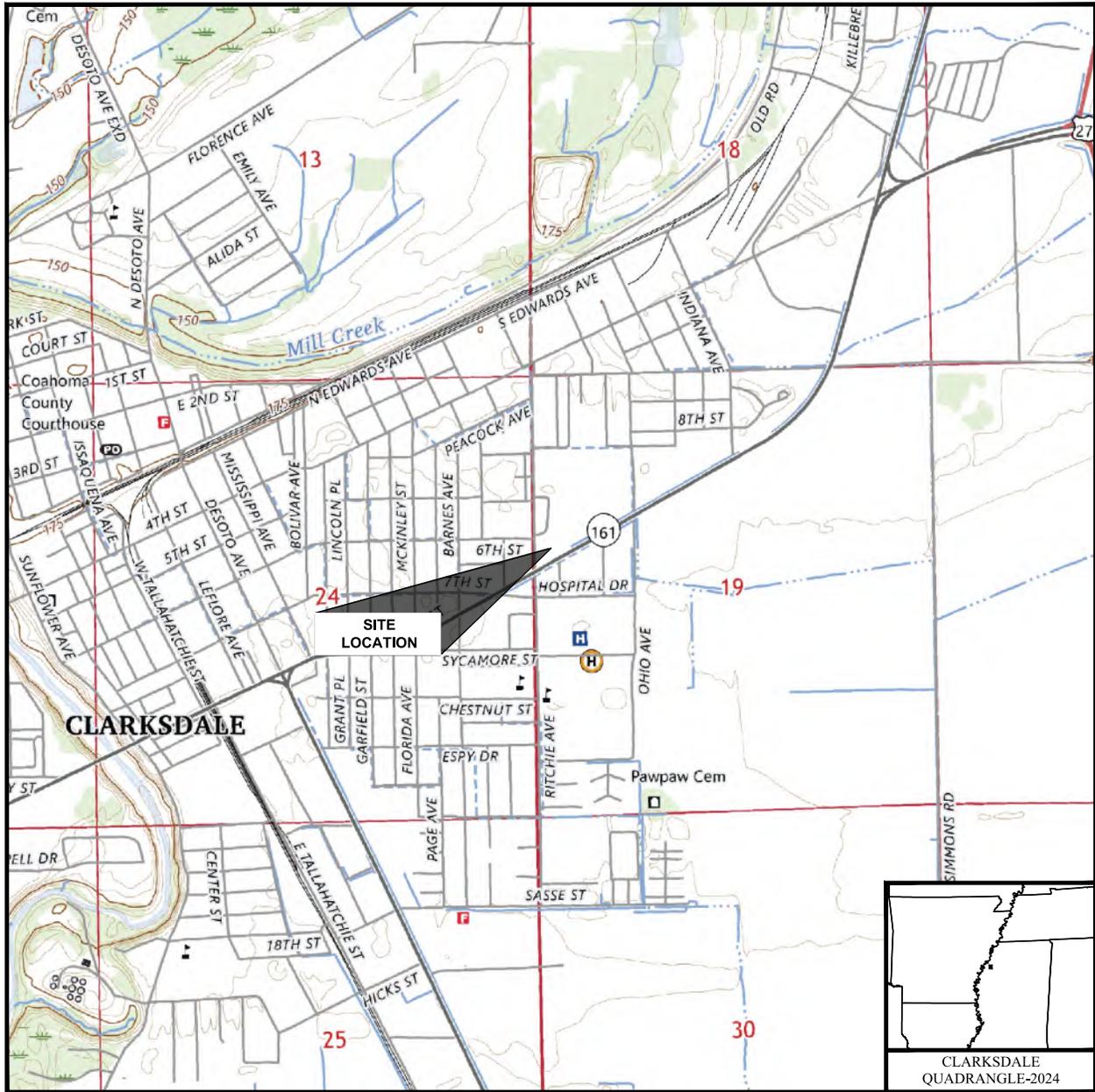
Charles Plummer  
1600 Lamy Lane  
Monroe, LA 71201

Director, Treasurer

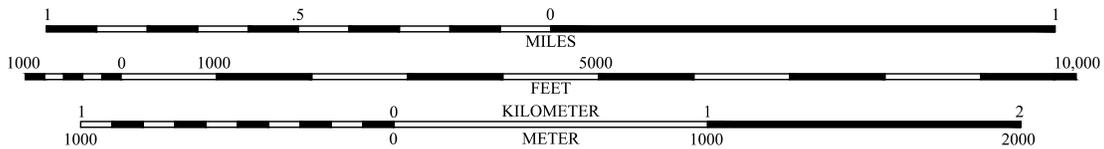
L. Todd Perry  
1600 Lamy Lane  
Monroe, LA 71201

Director, Secretary

**ATTACHMENT B**  
**SITE LOCATION MAP**



SCALE: 1 : 24,000



 <b>PPM CONSULTANTS, INC.</b> www.ppmco.com	
DRAWN BY: <b>BWH</b>	DRAWN DATE: <b>12/17/25</b>
PROJECT NUMBER: <b>33419052</b>	PHASE: <b>GWS</b>

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**DOUBLE QUICK NO. 104**  
 1909 NORTH STATE STREET  
 CLARKSDALE, MISSISSIPPI  
 MGPTF I.D. NO. 841

**SITE LOCATION MAP**

FIGURE NUMBER

**1**

**ATTACHMENT C**  
**POTW NOTIFICATION AND APPROVAL FORM**

# POTW OR WASTEWATER AUTHORITY NOTIFICATION AND APPROVAL FORM

POTW or Wastewater Authority notification and approval request to discharge remediated groundwater associated with a leaking Underground Storage Tank (UST) - see Activity 4, S-6, page 7.

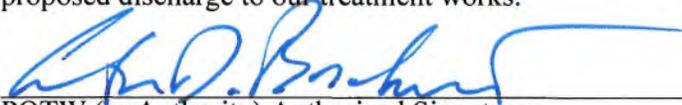
## APPLICANT (please print or type)

PPM Consultants, Inc. [name of applicant] is applying for coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit [copy attached]. Double Quick No. 104 - MDEQ [name of applicant] is proposing to discharge remediated groundwater, associated with a leaking underground petroleum storage tank, from a site located at 1909 North State Street Clarksdale, Coahoma County, Mississippi [complete address with county]. Approximately 0.072 [proposed volume in MGD] of treated groundwater will be discharged to City of Clarksdale, Clarksdale Public Utilities [name of local POTW or 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 or WASTEWATER AUTHORITY

The Mississippi Department of Environmental Quality (MDEQ) must receive approval from the local POTW or Wastewater Authority in order for the applicant to obtain coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit. Coverage is required prior to discharging remediated groundwater to a POTW or Wastewater Authority. If you have any questions, please contact the Environmental Permits Division at 601/961-5171.

I certify that I am a duly authorized representative of this POTW (or 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 (or Authority) Authorized Signature

2/24/26  
Date Signed

Curtis D. Boschert  
Printed Name

General Manager  
Title

662-627-8401  
Daytime Telephone

March 2022

**ATTACHMENT D**  
**CONTIGUOUS LANDOWNER NOTIFICATIONS**

**CONTIGUOUS LANDOWNER NOTIFICATION OF CORRECTIVE  
ACTION AND SUBSEQUENT DISCHARGE OF TREATED  
GROUNDWATER DUE TO LEAKING  
UNDERGROUND STORAGE TANK(S)**  
(see Activity 4, S-7 of the USTGP.)

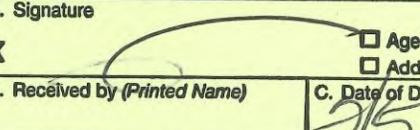
Underground storage tanks located at Double Quick No. 104 (1909 North State Street, Clarksdale, Coahoma County, Mississippi) [street address with city and county] have been determined to have released motor fuel. In order to protect the environment and public health a cleanup process must be started. 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 average time a unit is on site is thirty-five months.

PPM Consultants, Inc. [applicant's name]  
289 Commerce Part Drive, Suite D, Ridgeland, Mississippi 39157 [address]  
(601) 956-8233 [phone number] is proposing to begin the cleanup process and discharge treated groundwater to City of Clarksdale, Clarksdale Public Utilities POTW [name of receiving stream or Publicly Owned Treatment Works or Wastewater 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 Water I Permitting Branch of MDEQ at (601) 961-5171. 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**

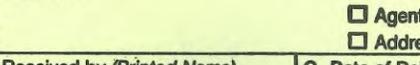
**March 2022**

MDEQ-Federal LUST or Direct Contract\841 - Double Quick No. 104 - Clarksdale\33419054\_PMT\Return Slips  
 Certified Return Receipts

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature   <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3/5</u></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>1. Article Addressed to:</p> <p>I.C. Catholic Parish                      510 Ritchie Street                      Clarksdale, Mississippi 38614</p>  <p>9590 9402 9169 4225 3125 38</p>	<p>3. Service Type</p> <p><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"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0870 3544 77</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
Clarksdale, MS 38614	
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<p>Certified Mail Fee \$15.30</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$4.40</p> <p><input type="checkbox"/> Return Receipt (electronic) \$0.00</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$0.00</p> <p><input type="checkbox"/> Adult Signature Required \$0.00</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$10.78</p> <p>Total Postage and Fees \$10.48</p>	<p>0019 16</p> <p>Postmark Here</p> <p>02/27/2026</p>
Sent To IC Catholic Parish	
Street and Apt. No., or PO Box No. 510 Ritchie St	
City, State, ZIP+4® Clarksdale 38614	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

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Southaven, MS 38671	
OFFICIAL USE	
<p>Certified Mail Fee \$15.30</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$4.40</p> <p><input type="checkbox"/> Return Receipt (electronic) \$0.00</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$0.00</p> <p><input type="checkbox"/> Adult Signature Required \$0.00</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$10.78</p> <p>Total Postage and Fees \$10.48</p>	<p>0019 16</p> <p>Postmark Here</p> <p>02/27/2026</p>
Sent To CNP Clarksdale LLC	
Street and Apt. No., or PO Box No. 1312 Gatson Dr	
City, State, ZIP+4® Southaven 38671	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature   <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</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>1. Article Addressed to:</p> <p>CNP Clarksdale, LLC                      1312 Gatson Drive                      Southaven, Mississippi 38671</p>  <p>9590 9402 9169 4225 3125 14</p>	<p>3. Service Type</p> <p><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"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0870 3544 77</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

MDEQ-Federal LUST or Direct Contract\841 - Double Quick No. 104 - Clarksdale\33419054\_PMT\Return Slips  
 Certified Return Receipts

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Amithur Patel</i></p> <p>C. Date of Delivery</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>1. Article Addressed to:</p> <p>Aryan LLC                  1904 North State Street                  Clarksdale, Mississippi 38614</p>  <p>9590 9402 9169 4225 3090 19</p>	<p>3. Service Type</p> <p><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"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0870 3545 21</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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Clarksdale, MS 38614	
OFFICIAL USE	
<p>Certified Mail Fee \$5.30</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$4.40  <input type="checkbox"/> Return Receipt (electronic) \$0.00  <input type="checkbox"/> Certified Mail Restricted Delivery \$0.00  <input type="checkbox"/> Adult Signature Required \$0.00  <input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$0.78</p> <p>Total Postage and Fees \$10.48</p>	<p>0019 16</p> <p>Postmark Here</p> <p>02/27/2026</p>
<p>Sent To: Aryan LLC                  Street and Apt. No., or PO Box No.: 1904 N State St                  City, State, ZIP+4®: Clarksdale 38614</p>	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

9589 0710 5270 0870 3545 21

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Robert Franklin</i></p> <p>C. Date of Delivery  <i>3/2/26</i></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>1. Article Addressed to:</p> <p>Robert P. Franklin                  318 Delta Avenue                  Clarksdale, Mississippi 38614</p>  <p>9590 9402 9169 4225 3090 02</p>	<p>3. Service Type</p> <p><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"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0870 3545 38</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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Clarksdale, MS 38614	
OFFICIAL USE	
<p>Certified Mail Fee \$5.30</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$4.40  <input type="checkbox"/> Return Receipt (electronic) \$0.00  <input type="checkbox"/> Certified Mail Restricted Delivery \$0.00  <input type="checkbox"/> Adult Signature Required \$0.00  <input type="checkbox"/> Adult Signature Restricted Delivery \$0.00</p> <p>Postage \$0.78</p> <p>Total Postage and Fees \$10.48</p>	<p>0019 16</p> <p>Postmark Here</p> <p>02/27/2026</p>
<p>Sent To: Robert P Franklin                  Street and Apt. No., or PO Box No.: 318 Delta Ave                  City, State, ZIP+4®: Clarksdale 38614</p>	
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9589 0710 5270 0870 3545 07

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Clarksdale, MS 38614

**OFFICIAL USE**

Certified Mail Fee	\$5.30	0019
Extra Services & Fees (check box, add fee as appropriate)	\$4.40	16
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.78	
Total Postage and Fees	\$10.48	02/27/2026

Sent To: Vital Science LLC  
Street and Apt. No., or PO Box No.: 324 Cottonwood Cv  
City, State, ZIP+4®: Clarksdale 38614

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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Clarksdale, MS 38614

**OFFICIAL USE**

Certified Mail Fee	\$5.30	0019
Extra Services & Fees (check box, add fee as appropriate)	\$4.40	16
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.78	
Total Postage and Fees	\$10.48	02/27/2026

Sent To: Gordon Gee Wu  
Street and Apt. No., or PO Box No.: 224 Pearson St  
City, State, ZIP+4®: Clarksdale 38614

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0870 3544 60

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Madison, MS 39110

**OFFICIAL USE**

Certified Mail Fee	\$5.30	0019
Extra Services & Fees (check box, add fee as appropriate)	\$4.40	16
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.78	
Total Postage and Fees	\$10.48	02/27/2026

Sent To: Willow Park Group LP  
Street and Apt. No., or PO Box No.: 102 First Choice Dr  
City, State, ZIP+4®: Madison MS 39110

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City, State, ZIP+4®: Marks 38644

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**ATTACHMENT E**  
**WATER TREATMENT CHEMICALS LIST**

**NO CHEMICALS WILL BE REQUIRED**