RECEIVED
AUG 24 2026
MDEQ

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

AI 27090
MSG120293

OWNER INFORMATION

Owner Contact Name: Cameron Smith Position: Authorized Agent

Owner Company Name: Blue Water Properties LLC

Owner Street (P.O. Box): 246 S Pearson Road

Owner City: Pearl State: MS Zip: 39208

Owner Phone Number (include area code): 601-832-1332

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: R. Tyler Berry, RPG Position: Env. Services Manager

Operator Company Name: Neel-Schaffer, Inc.

Operator Street (P.O. Box): 4450 Old Canton Road, Suite 100

Operator City: Jackson State: MS Zip: 39211

Operator Phone Number (include area code): (601) 941-9305

FACILITY INFORMATION

Facility Name: Pure Country 2 LLC

Mississippi Groundwater Protection Trust Fund Identification Number: 12426

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

Street: 11001 Highway 57 City: Vancleave

County: Jackson Zip: 39565

Latitude: 30 degrees 30 minutes 08 seconds Longitude: -88 degrees 42 minutes 14 seconds

Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance) or Map Interpolation): Map Interpolation

WASTEWATER DISCHARGE INFORMATION

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

Name of Nearest Receiving Stream: NA

Name of Publicly Owned Treatment Works or Wastewater Authority: Jackson County Utility Authority

Proposed rate of flow (MGD): 0.003 to 0.072

POTW contact, title and telephone number: Eric Page P.E., Executive Director, (228) 266-2225

treatment provided at any outfall? If so, describe: ____Dual Phase Remediation System-influent groundwater is initially treated by oil -water separator._Miscible phase impacted groundwater further treated by air stripping prior to discharge. Antiscalent added to treatement (see attached SDS)

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.

Melinda McGrath	08.24.2026
Signature[1] (Must be signed by operator when different than owner)	Date Signed
Melinda McGrath	Executive Vice President
Printed Name[1]	Title

[1]This application shall be signed according to the General Permit, Activity 9, T-4, 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 2261
Jackson, Mississippi 39225