

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 0115

(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 Activity (ACT) 9, T-4, 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:

- 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 4, S-6, page 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 Activity 4, S-7, page 6.)
- 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)

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

OWNER INFORMATION

Owner Contact Name:	<u>Mr. C. H. McGraw</u>	Position:	<u>Owner</u>
Owner Company Name:	<u>McGraw Rental, Inc.</u>		
Owner Street (P.O. Box):	<u>P.O. Box 450</u>		
Owner City:	<u>Ridgeland</u>	State:	<u>MS</u> Zip: <u>39158</u>
Owner Phone Number (include area code):	<u>601-932-0550</u>		

OPERATOR INFORMATION (if different than owner)

Operator Contact Name:	<u>A. Clarke Thomas</u>	Position:	<u>President</u>
Operator Company Name:	<u>Earth Consulting Group, Inc.</u>		
Operator Street (P.O. Box):	<u>P.O. Box 1246 Madison, Mississippi 39130</u>		
Operator City:	<u>Madison</u>	State:	<u>MS</u> Zip: <u>39130</u>
Operator Phone Number (include area code):	<u>601-853-2134</u>		

FACILITY INFORMATION

Facility Name:	<u>McGraw Rental & Supply Company</u>		
Mississippi Groundwater Protection Trust Fund Identification Number:	<u>11972</u>		
Physical Site Address (if not available indicate the nearest named road)			
Street:	<u>220 Lakeland Parkway</u>	City:	<u>Flowood</u>
County:	<u>Rankin</u>	Zip:	<u>39232</u>
Latitude:	<u>32°20'28.64"N</u>	Longitude:	<u>90°04'50.29"W</u>

WASTEWATER DISCHARGE INFORMATION

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

Name of Nearest Receiving Stream: Hog Creek

Name of Publicly Owned Treatment Works or Wastewater Authority: City of Flowood

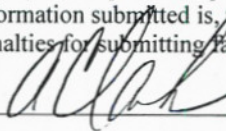
Proposed rate of flow (MGD): 0.0028MGD

POTW contact, title and telephone number: Mr. Gary Miller, Director of Public Works, (601) 932-4243

Is treatment provided at any outfall? If so, describe: Pretreatment by vacuum distillation, oil/water separation, and air stripping prior to discharge with pH control and iron precipitation added as required.

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.



5-28-07

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

A. Clarke Thomas

President

Printed Name¹

Title

¹This 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 10385
Jackson, Mississippi 39289-0385

March 2006
Page 3 of 3