

AI #1828
MSG180012
Gnp20140001

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SEP 22 2014

Dept of Environmental Quality

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

THE APPLICANT IS OWNER OPERATOR (please check one or both)
THE FACILITY IS NEW or EXPANDING EXISTING (please check one)

DWTP NOI MSG18
OWNER INFORMATION

Owner Contact Name: Terry Hester Position: Board President
Owner Company Name: Short Coleman Park Water Association, Inc
Owner Street (P.O. Box): PO Box 87
Owner City: Iuka State: MS Zip: 38852
Owner Phone Number (include area code): 662-424-0017

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Travis Kitchens Position: operator
Operator Company Name: North MS Environmental Specialist, Inc.
Operator Street (P.O. Box): PO Box 302
Operator City: Guntown State: MS Zip: 38849
Operator Phone Number (include area code): 662-231-7949

FACILITY INFORMATION

Facility Name: Short Coleman Park Water Association, Inc.
Mississippi Permit to Withdraw for Beneficial Use Number: ^{SW} ~~MS-GW~~-02578
(A Permit to Withdraw for Beneficial Use can be obtained from the MDEQ Office of Land & Water by calling the program coordinator at 601-961-5201. Wells with inner diameter less than 6" are exempted from this groundwater withdrawal permit. If so, mark: Exempt)
Physical Site Address (if not available indicate the nearest named road)
Street: 811 CR 989 City: Iuka
County: Tishomingo Zip: 38852
Latitude: _____ Longitude: _____

WASTEWATER DISCHARGE INFORMATION

Where is the waste water proposed to be discharged? State Waters Collection/Treatment System

Name of Receiving Stream: un-named creek to Yellow Creek

Will this discharge impact a Wetlands or Impaired Waterbody? If so, explain: NO

Proposed Discharge Rate of Flow (MGD): 1.007

Is treatment provided at any outfall? If so, describe: NO

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.

Terry O. Hester 9-19-14

Signature¹

Date Signed

Terry Hester Board President

Printed Name¹

Title

¹This application shall be signed according to the General Permit, Activity 9, T-4, page 14, 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.

DWTP NOI 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

April 2009