

AI #17057  
GMP20120001



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

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Dept. of Environmental Quality

## DRINKING WATER TREATMENT PLANT (DWTP) NOTICE OF INTENT (DWTPNOI)

For Coverage under Mississippi's Drinking Water Treatment Plant General Permit  
General Permit MSG18 2010

(NUMBER TO BE ASSIGNED BY STATE)

### INSTRUCTIONS

Applicant must be the owner or operator of the drinking water treatment plant. To avoid unnecessary delays, please be sure that the DWTP NOI is signed in accordance with Activity (ACT) 9, T-4, page 14 of the General Permit. The owner or operator that receives coverage is responsible for permit compliance. For new facilities, file at least 30 days prior to proposed discharge.

#### Required Submittals with the DWTP NOI 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.
- Labeled site drawing indicating:
  - (a) Location of any water supply wells,
  - (b) Identity and location of any receiving streams, named or unnamed,
  - (c) Location of all water treatment units, filters, ponds, etc.
- For any new or expanding discharge, the applicant must submit an anti-degradation study along with the DWTPNOI. For existing dischargers seeking coverage under this general permit, anti-degradation review is not required.
- 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.
- Appropriate documentation from the MDEQ, Office of Land & Water concerning approval for groundwater supply usage. 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.

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: <u>Ronnie Dallas</u>	Position: <u>Manager</u>
Owner Company Name: <u>Collinsville Water Association, Inc.</u>	
Owner Street (P.O. Box): <u>P.O. Box 67</u>	
Owner City: <u>Collinsville</u>	State: <u>MS</u> Zip: <u>39325</u>
Owner Phone Number (include area code): <u>601-626-8138</u>	

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

Operator Contact Name: _____	Position: _____
Operator Company Name: _____	
Operator Street (P.O. Box): _____	
Operator City: _____	State: _____ Zip: _____
Operator Phone Number (include area code): _____	

**FACILITY INFORMATION**

Facility Name: <u>Collinsville Water Association, Inc.</u>	
Mississippi Permit to Withdraw for Beneficial Use Number: <u>MS-GW- _____</u> (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: <input type="checkbox"/> Exempt)	
Physical Site Address (if not available indicate the nearest named road)	
Street: <u>11108 Robinson Road</u>	City: <u>Collinsville</u>
County: <u>Lauderdale</u>	Zip: <u>39325</u>
Latitude: <u>32°34'21.65" N</u>	Longitude: <u>88°53'18.96" W</u>

## WASTEWATER DISCHARGE INFORMATION

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

Name of Receiving Stream: Unnamed Tributary of Gin Creek

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

Proposed Discharge Rate of Flow (MGD): 11,000 GPD

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.

Waide J. Cook

3/2/2012

Signature<sup>1</sup>

Date Signed

Waide J. Cook

President

Printed Name<sup>1</sup>

Title

<sup>1</sup>This 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