

April 12, 2024

Mr. Tracy Tomkins, P.E.
Mississippi Department of Environmental Quality
Office of Pollution Control
P. O. Box 2261
Jackson, MS 39225-2261

Re: UST Groundwater Remediation Notice of Intent (NOI)
UST Groundwater Remediation General Permit Application
Facility I.D. 8740
615 Middleton Road
Winona, MS 38967

Dear Ms. Tomkins:

I've enclosed the following information for the referenced site's UST Groundwater Remediation General Permit application:

1. UST Groundwater Remediation NOI
2. Vicinity Map
3. Letter of Approval from the City of Grenada Water/Sewer
4. Certified-return receipt for the site's contiguous landowners.

Water treatment chemicals will not be used with the system.

If additional information is needed, please feel free to call.

Sincerely,

W. L. BURLE, ENGINEERS, P.A.


Jay N. Santucci, RPG



pc. Ms. Brittany Jamison, MDEQ
Dr. William L. Burle, Jr., P.E., BURLE
Mr. Benji Nail, Nail's Exxon

Attachments



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

UST FORMS PACKAGE

Underground Storage Tank (UST) Groundwater Remediation General Permit

NPDES General Permit MSG12
For Discharges of Remediated Groundwater

- UNDERGROUND STORAGE TANK NOTICE OF INTENT (USTNOI)..... 2
- CONTIGUOUS LANDOWNER NOTIFICATION..... 5
- POTW AND WASTEWATER COLLECTION AUTHORITY NOTIFICATION
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- REQUEST FOR TERMINATION OF COVERAGE 7
- REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE
AND/OR NAME CHANGE 9

These standard forms are used to apply for permit coverage under the Underground Storage Tank General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on the MDEQ website at www.deq.state.ms.us. Required information can be completed on screen and printed.

Revised: April 6, 2011

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AI: 25613

MSG120283



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

Rec'd via email:
04/12/2024

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 **0283** _

(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 permit ACT9, T-7 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 Collection Authority (see permit ACT4, S-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 ACT4, S-7).
- 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), aquatic species toxicological data and Material Safety Data Sheet (MSDS).

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

O.C

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

OWNER INFORMATION

Owner Contact Name: Benji Nail Position: Owner

Owner Company Name: Nail's Exxon

Owner Street (P.O. Box): 615 Middleton Road

Owner City: Winona State: MS Zip: 38967

Owner Phone Number (include area code): 662-417-1560

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: William L. Burle Position: President

Operator Company Name: W. L. Burle Engineers, P.A.

Operator Street (P.O. Box): PO Box 1293

Operator City: Greenville State: MS Zip: 38702

Operator Phone Number (include area code): 662-332-2619

PROJECT INFORMATION

Project Name: Nail's Exxon

Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 8740

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

Street: 615 Middleton Road City: Winona

County: Montgomery Zip: 38967

Latitude: 33 degrees 29 minutes 15 seconds Longitude: 89 degrees 44 minutes 17 seconds

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

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater proposed to be discharged? State Waters POTW/Collection System

Name of Nearest Receiving Stream: NA

Name of POTW: Winona POTW

POTW contact, title and telephone number: Frank Faulkner; Superintendent; 662-417-9890

Name of Wastewater Collection Authority (if different from POTW): _____

Wastewater Collection Authority contact, title and telephone number: Frank Faulkner; Superintendent;
662-417-9890

Proposed rate of flow (gallons/day): 14,400

Describe type of treatment: Groundwater treatment system consists of an oil/water separator followed
by an aeration chamber.

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.


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

3/12/24

Date Signed

Jay Santucci

Treasurer

Printed Name¹

Title

¹This application shall be signed according to the General Permit, ACT9, T-7 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

Revised: April 6, 2011

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**CONTIGUOUS LANDOWNER NOTIFICATION OF
CORRECTIVE ACTION AND SUBSEQUENT DISCHARGE
OF TREATED GROUNDWATER DUE TO LEAKING
UNDERGROUND STORAGE TANK(S)**
(see ACT4, S-7 of the USTGP)



Underground storage tanks located at 615 Middleton Road, Winona, Montgomery County, MS 38967
_____ [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 time a unit is on site averages approximately three years.

W. L. Burle, Engineers, P.A. _____ [applicant's name]

111 South Walnut Street, Greenville, MS 38701 _____ [address]

662-332-2619 _____ [phone number] is proposing to begin the cleanup process and discharge treated groundwater to City of Winona sanitary collection system and discharged to Winona POTW _____ [name of

receiving stream or Publicly Owned Treatment Works or Wastewater Collection 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 Service and Miscellaneous Branch of MDEQ at (601) 961-5171. Any comments relative to zoning or economic and social impacts are within the jurisdiction of local zoning and planning authorities and should be addressed to those authorities. 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**

Revised: April 6, 2011

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POTW AND WASTEWATER COLLECTION AUTHORITY NOTIFICATION AND APPROVAL FORM



INSTRUCTIONS

The Mississippi Department of Environmental Quality (MDEQ) must receive approval from the local POTW and Wastewater Collection Authority (if different entities) in order for the applicant to obtain coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit (see permit ACT4, S-6). Once both sections of the form have been completed, it shall be submitted to the address below. Coverage is required prior to discharging remediated groundwater to a POTW or Wastewater Collection Authority. If you have any questions, please contact the Service and Miscellaneous Industries Branch at 601/961-5171.

APPLICANT (please print or type)

W. L. Burle Engineers, P.A. [name of applicant] is applying for coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit (copy attached). Remediated groundwater, associated with a leaking underground petroleum storage tank, is proposed to be discharged from a site located at 615 Middleton Road, Winona, Montgomery County, MS 38967 [complete address with county]. Approximately 14,400 [gallons per day] of treated groundwater will be discharged to Winona POTW [name of local POTW or Wastewater Collection 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 and WASTEWATER COLLECTION AUTHORITY APPROVAL

I certify that I am a duly authorized representative of this POTW (or Collection 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.

Frank Faulkner
POTW Authorized Signature

SAME
Collection Authority Authorized Signature

FRANK FAULKNER
Printed Name

Printed Name

Operator - Superintendent
Title

Title

4/11/24 662-417-9890
Date Signed Daytime Telephone

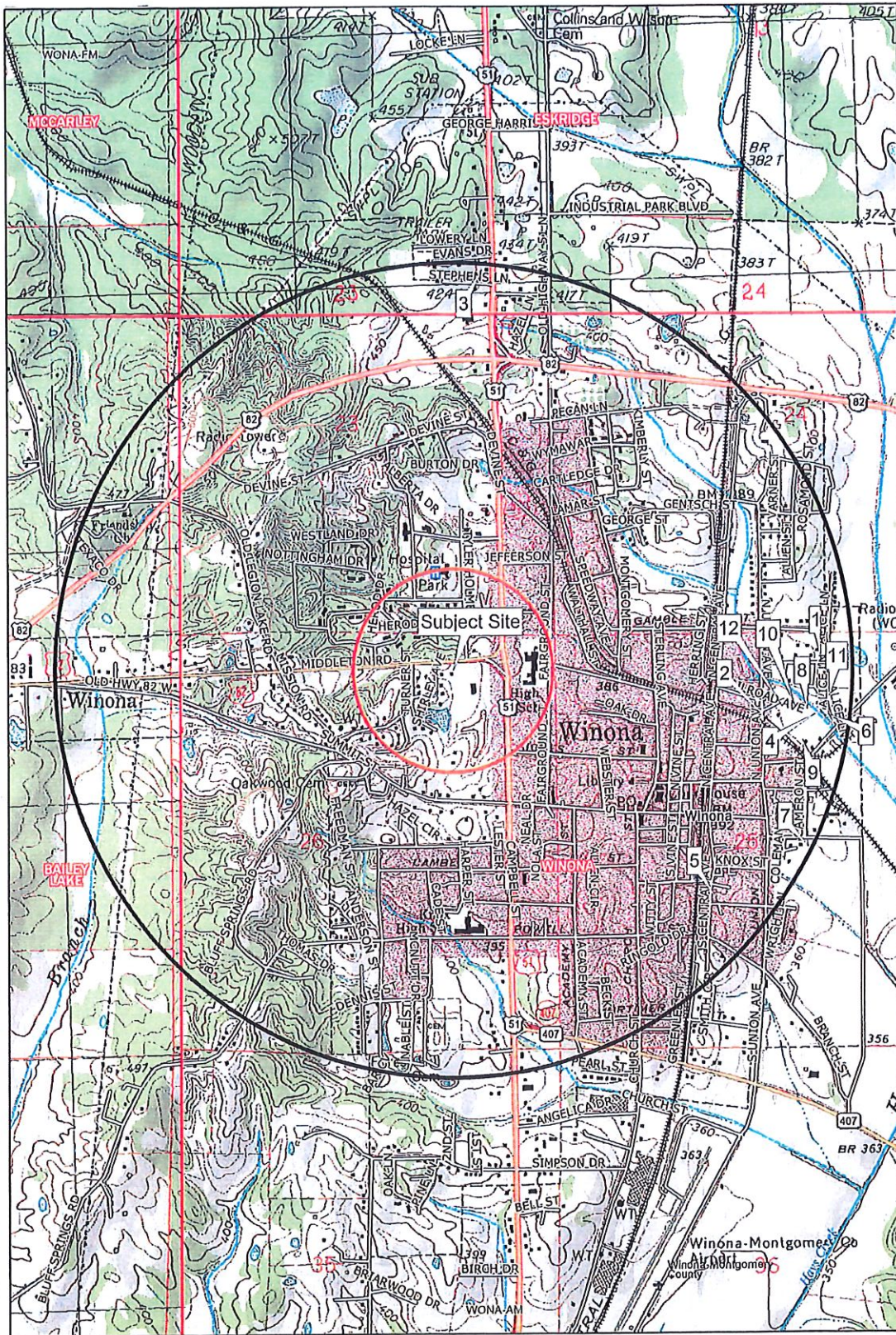
Date Signed Daytime Telephone

This form shall be submitted to:

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

Revised: April 6, 2011

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Delorme. TopoQuads. Scale 1:24,000 (S26-T19N-R5E)
 TOPO USA@B. WINONA, MISS. 1980. Lat.:N33°29'14.85" Long.:W89°44'17.94"

LEGEND	
	1 WATER WELL
	1/4 MILE RADIUS
	1 MILE RADIUS

Proj. No.
06285-2-0122

CAD File No.
Nail'sExxonPSI-1.dwg

Drawn By: KMM	Dwg. No.
Chkd. By: KMM	1
Date: 1/6/2023	
Scale: AS SHOWN	

W. L. BURLE
 ENGINEERS, P.A.
 2187 Highway 51, Suite A
 Madison, MS 39110

FIGURE 1
VICINITY MAP
 FACILITY I.D. NO. 8740
 PSI REPORT
 NAIL'S EXXON
 615 MIDDLETON ROAD
 WINONA, MISSISSIPPI





WINONA
MISSISSIPPI

Mailing: P.O. Box 29
Physical: 409 Summit Street
Winona, MS 38967

Date: 4-10-2024

Ref: Facility No. 8740,

Groundwater Remediation System and Permitting Project

Nail's Exxon

615 Middleton Road, Winona, MS 38967 From: City

of Winona, Water and Sewer Department

To: Jay N. Santucci, RPG

This letter is in response to your correspondence dated April 1, 2024. The City of Winona will provide a 4" sewer-service tap at this location for the discharge of your treated effluent into our sanitary-sewer gravity collection system. This tap will be placed behind the gas station as previously discussed.

You may proceed by contacting our billing office located at 409 Summit Street, Winona, MS 38967 to apply for service. The phone number for the billing office is 662-283-1232.

Once we receive the application, we will apply the appropriate charges to the application and then notify you of these charges. Once these charges are paid, we will coordinate with you on the exact date and location of the sewer tap.

If you have any questions, please feel free to contact me using this phone number 662-283-1232.

Regards,

Frank Faulker

City of Winona

Water and Sewer Certified Operator

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Saks ZLLC + Saks 3LLC
3341 Crestview Rd
Port St. Lucie, FL
34953



9590 9402 4699 8323 0973 74

2. Article Number (Transfer from service label)

7013 1090 0001 8865 4692

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Ime Brown C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

617 Middleton Rd
Winona, MS 38967



9590 9402 4699 8323 0974 11

2. Article Number (Transfer from service label)

7013 1090 0001 8865 4708

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) VonKisha Iruby C. Date of Delivery 3.18.22

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin Vanderlip
308 Shirley Avenue
Winona, MS 38967



9590 9402 4699 8323 0973 81

2. Article Number (Transfer from service label)

7013 1090 0001 8865 4739

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Kevin Vanderlip C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Herod Thomas
305 Tyler Holmes Dr
Winona, MS 38967



9590 9402 4699 8323 0974 28

2. Article Number (Transfer from service label)

7013 1090 0001 8865 4685

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Herod Thomas C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt