



NEEL-SCHAFFER

August 20, 2024
N-S Project No. 17988.006

Mr. Chris Messemore, P.E.
Mississippi Department of Environmental Quality
Environmental Permits Division
Post Office Box 2261
Jackson, Mississippi 39225-2261

REFERENCE: GENERAL DISCHARGE PERMIT APPLICATION
FLASH MARKET #17242
28575 HIGHWAY 32
OAKLAND, MISSISSIPPI
MGPTF FACILITY ID NO. 2106

Dear Mr. Messemore:

Submitted herewith is the General Discharge Permit Application and supporting documents for discharges related to the Flash Market #17242 facility located at 28575 Highway 32, Oakland, Mississippi. A copy of this permit application has been submitted to Mr. Darryl McClain, Project Manager, of the MDEQ, Underground Storage Tank Branch.

A groundwater sample was collected from monitor well MW-25 and analyzed for hardness and iron. The laboratory analyses were performed to determine whether scaling of calcium carbonate or iron may present a concern within the components of the remediation system and the system effluent line. The groundwater hardness concentration was reported as 150 milligrams per liter (mg/L). Iron scaling buildup can occur as groundwater is aerated through groundwater remediation activities. The groundwater iron concentration for monitor well MW-25 was reported as 2.32 mg/L. Consequently, we anticipate scaling buildup within the system and the system effluent line and propose utilizing an antiscaling chemical in the water treatment process. The laboratory analytical report and proposed antiscaling chemical supporting documents are attached.

engineers | planners | surveyors | environmental scientists | landscape architects

P: 601.948.3071

101 Business Park Drive, Suite A
Ridgeland, Mississippi 39157

www.neel-schaffer.com



Should you have questions or require additional information, please contact me at (601) 503-0464.

Sincerely,
NEEL-SCHAFFER, INC.

B. Gregory Taylor

B. Gregory Taylor, RPG
Senior Project Manager

Cc: Mr. Darryl McClain, MDEQ, UST Branch
Ms. Beth Poythress, GPM Southeast, LLC

Enclosures





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)..... 1
- CONTIGUOUS LANDOWNER NOTIFICATION 4
- POTW NOTIFICATION AND APPROVAL FORM 5
- REQUEST FOR TERMINATION OF COVERAGE 6
- REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE AND/OR NAME CHANGE 8

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.mdeq.ms.gov. Required information can be completed on screen and printed.

Total Number of Pages is 11

March 2022

AI: 25774

MSG120285

Rec'd via email:
08/21/2024



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

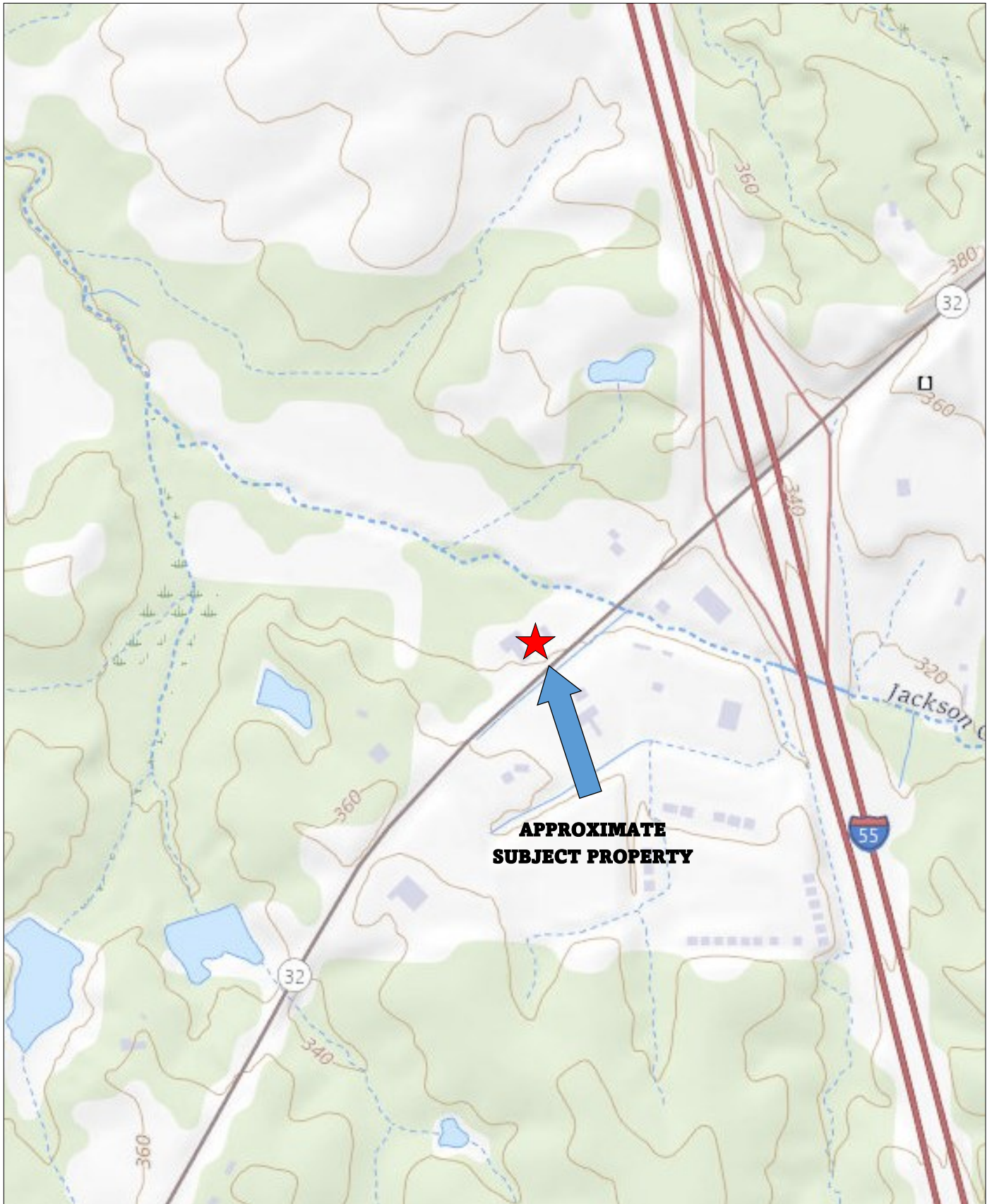
INSTRUCTIONS

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-7, 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:

- **If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State**
- 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 (ACT) 4, S-6, page 7 and 11 Miss. Admin. Code Pt. 6, Ch. 1.).
- 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 8.)
- 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)



FLASH MARKET #17242
 28575 HIGHWAY 32
 OAKLAND, MISSISSIPPI
 TANK OWNER: GPM SOUTHEAST, LLC

TOPOGRAPHIC MAP
 Oakland, MS
 Quadrangle Map

SCALE:
 1" ~ 605'



FIGURE
 1

General Permit Coverage #MSG12 MSG120285
(NUMBER TO BE ASSIGNED BY STATE)

THE APPLICANT IS OWNER OPERATOR

OWNER INFORMATION

Owner Contact Name: ROLPHE LANN
Owner Company Legal Name: GPM Southeast LLC
Owner Street or P.O. Box: 8565 MAGELLAN PARKWAY, SUITE 400
Owner City: RICHMOND State: VA Zip: 23227
Owner Phone #: (804) 730-1568 Owner Email: rlannegpminvestments.com

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: B. Gregory Taylor, RPG
Operator Company Legal Name: Neel-Schaffer, Inc.
Operator Street (P.O. Box): 1022 Highland Colony Parkway, Suite 301
Operator City: Ridgeland State: MS Zip: 39157
Operator Phone #: (601) 948-3071 Operator Email: greg.taylor@neel-schaffer.com

FACILITY INFORMATION

Site Name: FLASH MARKET # 17242
Mississippi Groundwater Protection Trust Fund Identification Number: 2106
Physical Site Address (if not available indicate the nearest named road)
Street: 28575 HIGHWAY 32 City: OAKLAND
County: YALOBUSHA Zip: 38948
Latitude: 34 degrees 04 minutes 32 seconds Longitude: 89 degrees 53 minutes 47 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: JACKSON CREEK

Name of Publicly Owned Treatment Works or Wastewater Authority: NOT APPLICABLE

Proposed rate of flow (MGD): 0.026

POTW contact, title and telephone number: NOT APPLICABLE

Is treatment provided at any outfall? If so, describe: Dual phase remediation system - influent groundwater passes through oil/water separator then through air stripper.

Antiscalant added to influent groundwater, 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.

B. Gregory Taylor

8/20/24

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

Date Signed

B. GREGORY TAYLOR

Senior Project Manager

Printed Name¹

Title

¹This application shall be signed according to the General Permit, Activity 9, T-7, 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

October 15, 2015

Mr. Harry M. Wilson III, P.E., DEE
Environmental Permits Division
Post Office Box 2261
Jackson, Mississippi 39225

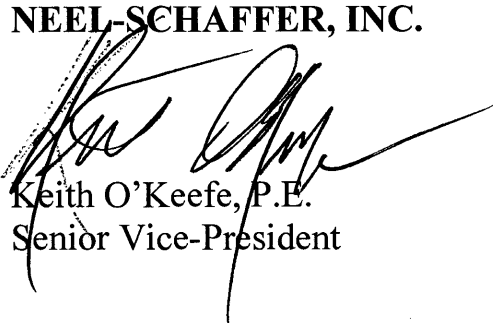
REFERENCE: SIGNATORY AUTHORITY FOR DISCHARGE
MONITORING REPORTS FROM UNDERGROUND
STORAGE TANK REMEDIATION SYSTEMS

Dear Mr. Wilson:

I, Keith O'Keefe, P.E., Senior Vice-President of Neel-Schaffer, Inc., certify under penalty of the law that all reports required by permits, and other information requested by the Permit Board shall be signed by Greg Taylor of our Environmental Science Group, my duly authorized representative. I understand 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.

Should you have questions or wish to discuss this matter further, please do not hesitate to call me at 601-948-3071.

Sincerely,
NEEL-SCHAFFER, INC.


Keith O'Keefe, P.E.
Senior Vice-President

POTW OR WASTEWATER AUTHORITY NOTIFICATION AND APPROVAL FORM

POTW or Wastewater Authority notification and approval request to discharge remediated groundwater associated with a leaking Underground Storage Tank (UST) - see Activity 4, S-6, page 7.

APPLICANT (please print or type)

_____ [name of applicant] is applying for coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit [**copy attached**]. _____ [name of applicant] is proposing to discharge remediated groundwater, associated with a leaking underground petroleum storage tank, from a site located at _____ [complete address with county].

Approximately _____ [proposed volume in MGD] of treated groundwater will be discharged to _____ [name of local POTW or 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 or WASTEWATER AUTHORITY

The Mississippi Department of Environmental Quality (MDEQ) must receive approval from the local POTW or Wastewater Authority in order for the applicant to obtain coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit. Coverage is required prior to discharging remediated groundwater to a POTW or Wastewater Authority. If you have any questions, please contact the Environmental Permits Division at 601/961-5171.

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

POTW (or Authority) Authorized Signature

Date Signed

Printed Name

Title

Daytime Telephone

Not Applicable at this time

Request for Termination (RFT) of Coverage

Use this form to request coverage termination at least 30 days prior to ceasing a discharge of remediated groundwater.

UST General NPDES Permit No. MSG12 _____ County _____

(Fill in your Certificate of Coverage Number and County)

(Please Print or Type)

Facilities planning to cease the discharge of remediated groundwater shall request termination of its UST General Permit Coverage by completing this form.

Facility Name: _____

Physical Site Location:

Street: _____

City: _____ County: _____

Closure Date: _____

Owner Company Name: _____

Owner Company Contact Name & Position _____

Owner Mailing Address:

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Tel. # (____) _____

Operator Company Name (if different than owner): _____

Operator Contact Name & Position: _____

Operator Mailing Address:

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Tel. # (____) _____

Has a "No Further Action" letter been issued regarding this project by the UST Branch, MDEQ?

Yes or No (Please check one)

If yes, please attach a copy of the "No Further Action" letter to this form.

If no, please explain why a "No Further Action" letter has not been issued.

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 fines and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge remediated groundwater under this general permit. Discharging pollutants to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print) Telephone Signature Date Signed

- ¹This application shall be signed according to the General Permit, Activity 9, T-4, 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, mayor, or ranking elected official.

After signing please mail to: Chief, Environmental Permits Division,
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

March 2022

Not Applicable at this time

Environmental Permits for Industrial Facilities Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I. Facility Name: _____ Location: (Do Not Use P.O. Box) Street: _____ City: _____ State: <u>MS</u> Zip: _____ County: _____ Telephone: (_____) _____	Item II. Responsible official after transfer or name change: Name: _____ Title: _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone (_____) _____
Item III. Previous Permittee ¹ : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____	Item IV. New Permittee ¹ : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____
Item V. Industrial Activity SIC Code: _____ Brief Description:	Item VI. Will Facility Operations Change? Yes _____ No _____ If yes, the appropriate applications and permits may require modification prior to change.

<p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change _____</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p>
--	--

Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: _____

To: _____ Acquisition Date: _____

By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.

Print New Permittee ¹ Name	Print Previous Permittee ¹ Name
New Authorized Signature ²	Previous Authorized Signature ²
Title	Title
Date	Date

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 6, Ch. 1.]

Page 1 of 2 December 2016

Mississippi Department of Environmental Quality/Office of Pollution Control

P.O. Box 10385
Jackson, Mississippi 39289-0385
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
Item XII. Permit(s) and/or Coverage(s) to be Transferred	
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	OTHER INFORMATION:

LABORATORY RESULTS



August 06, 2024

Greg Taylor
Neel-Schaffer
101 Buisness Park Drive, Suite A
Ridgeland, MS 39157

TEL: (601) 898-3358

FAX: (601) 898-8485

RE: Flash Market Oakland

Order No.: 2408025

Dear Greg Taylor:

This is your final report for Workorder No. 2408025 and takes precedence over any previous preliminary report.

The samples were received as stated on the chain of custody. All samples met requirements unless otherwise noted. Samples were analyzed using approved EPA/FDA methods. Reports generated by EDL are exclusively intended for our clients and their use.

This report may not be reproduced except in full, without written approval of the laboratory. All samples are disposed of within 30 days of receipt unless other arrangements have been agreed upon beforehand.

Please contact the EDL team if you have any questions regarding your data package.

A handwritten signature in black ink, appearing to read 'Jonathan Stephens', is positioned above the printed name.

Jonathan Stephens

Operations Manager



Report of Analytical Results

Client: Neel-Schaffer **PO No:** 17988
Lab ID: 2408025-001 **WO No:** 2408025
Project: Flash Market Oakland **Project No:** 17988
Client Sample ID: MW-25 **Facility ID No:** 17988
Collection Date: 07/23/24 11:44 **Date Received:** 07/24/24 12:00
Sampled By: **Matrix:** AQUEOUS

Parameter	Result	Limits	Qual	RL	DF	Units	Analysis Date/Time	Method	Analyst
METALS									
Iron	2.32			0.00900	1	mg/l	8/6/2024 10:33	200.7	JGB
Hardness (As CaCO3)	150			0.100	1	mg/l	8/6/2024 9:00	130.2	JGB

Qualifiers: BDL Below Detection Limit E Value above quantitation range
H Holding times for preparation or analysis exceeded W Sample container temperature is out of limit as specified at testcode



39 David Swan Lane • Purvis, MS 39475

CHAIN OF CUSTODY RECORD

Quote: _____ Page 1 of 1

Company Name: Neal-Schaffer Phone: 601-503-0464
 Attn: Greg Taylor Fax # _____
 Address: 1022 Highland Colony Pkwy
 City: Ridgeland State: MS Zip: 39157
 email: greg.taylor@neal-schaffer.com
 Project Name: Flash Market Oakland Proj. # 17988
 R.O.F.: _____ Facility ID: 2106
 Sampler Signature: Greg Taylor

LAB ANALYSIS

#	Sample Label (Client ID)	Collect Date	Collect Time	Matrix Code*	Integrity OK (Y/N)	Seal # of Containers	Parameters	Cont. Codes	Pres Codes												
								pH													
<u>1</u>	<u>MW-25</u>	<u>7/23/24</u>	<u>1144</u>	<u>GW</u>	<u>1</u>		<u>IRON, HARDNESS</u>	<u>P</u>	<u>B, I</u>												
<u>2</u>																					
<u>3</u>																					
<u>4</u>																					
<u>5</u>																					
<u>6</u>																					
<u>7</u>																					
<u>8</u>																					
<u>9</u>																					
<u>10</u>																					

Container Type Codes		
AV Amber Vial	P Plastic	
AG Amber Glass	ES Encore Sampler	
CG Clear Glass	CV Clear Vial	
Other _____		
Matrix Codes*		
SD Solid Waste	CL Oil	
GW Ground Water	SL Sludge	
AW Analyte Free H2O	SD Soil Sediment	
WW Waste Water	AQ Aqueous	
DW Drinking Water	NA Nonaqueous	
ML Misc. Liquid	O Other _____	(Please specify)
Pres/Codes		
A. None	E. HCL	I. Ice
B. HNO3	F. MeOH	J. Zn Acetate
C. H2SO4	G. Na2S2O3	K. Other
D. NaOH	H. NaHSO4	

LAB USE ONLY

Standard	T.A.T. REQUEST	Short Hold	COC OK	Date Cooler Opened	Initials
	<u>RUSH</u>		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>7/24/24</u>	<u>RT</u>
Y/N	Date Required	Y _____ N _____			

Relinquished by	Date	Time	Received by	Date	Time
<u>Greg Taylor</u>	<u>7/23/24</u>	<u>1355</u>	<u>FedEx</u>		
<u>FedEx</u>	<u>7/24/24</u>	<u>1200</u>	<u>RT</u>	<u>7/24/24</u>	<u>1200</u>

Lab Use Only

	Yes	No	N/A
Sample INTACT upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received on Wet Ice? Temp: <u>39</u> °C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Preservation Indicated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottle Labels filled in?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custody seals intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visually seal'd without headspace?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Containers Used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tip Blank received?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CONTIGUOUS LANDOWNER NOTIFICATION

**CONTIGUOUS LANDOWNER NOTIFICATION OF CORRECTIVE
ACTION AND SUBSEQUENT DISCHARGE OF TREATED
GROUNDWATER DUE TO LEAKING
UNDERGROUND STORAGE TANK(S)**
(see Activity 4, S-7 of the USTGP.)

Underground storage tanks located at 28575 Highway 32, Oakland, Yalobusha County, Mississippi 38948
Flash Market #17242 [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 average time a unit is on site is thirty-five months.

Neel-Schaffer, Inc. [applicant's name]
1022 Highland Colony Parkway, Suite 301, Ridgeland, MS 39157 [address]

601-898-3358 [phone number] is proposing to begin the cleanup process and discharge treated groundwater to Jackson Creek [name of

receiving stream or Publicly Owned Treatment Works or Wastewater 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 Water I Permitting Branch of MDEQ at (601) 961-5171. 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**

March 2022



- ★ FLASH MARKET #17242, Owner: Isaac E Sayle
- 1 Owner: 32 Market & Deli Inc.; Gas Station MGPTF ID: 12674
- 2 Owner: Grays Power Supply; Industrial
- 3 Owner: Baker C G Investments Inc; Commercial: Dollar General
- 4 Owner: Baker C G Investments Inc; Commercial: Gray's Properties & Rentals
- 5 Owner: Herron Farms LLC; Commercial
- 6 Owner: Yalobusha County; Agricultural
- 7 Owner: John W. Few; Residential

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:

32 Market & Deli, Inc.
28570 Highway 32
Oakland, MS 38948



9590 9402 7514 2098 3151 22

2 Article Number (Transfer from service label)

9589 0710 5270 2078 3581 03

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Ramez

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail Registered Mail 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:

Donald Gray
P.O. Box 664
Water Valley, MS 38965



9590 9402 7514 2098 3151 39

2 Article Number (Transfer from service label)

9589 0710 5270 2078 3581 27

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Donald Gray 7/29/24

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail Registered Mail 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:

John Few
28075 Highway 32
Oakland, MS 38948



9590 9402 7514 2098 3151 15

2. Article Number (Transfer from service label)

9589 0710 5270 2078 3581 10

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John W. Few*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery

Domestic Return Receipt

9589 0710 5270 2078 3581 27

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Postage: \$1.50
 Certified Mail Fee: \$4.05
 Total Postage and Fees: \$5.55

Postmark: BRANDON, MS 39042
 JUL 24 2024

Sent To: Donald Gray
 P.O. Box 004
 Water Valley, MS 38945

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2078 3581 03

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Postage: \$1.50
 Certified Mail Fee: \$4.25
 Total Postage and Fees: \$5.75

Postmark: BRANDON, MS 39042
 JUL 24 2024

Sent To: 32 Market a Deli
 20510 Highway 32
 Oakland, MS 38948

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2078 3581 10

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

Postage: \$1.50
 Certified Mail Fee: \$4.35
 Total Postage and Fees: \$5.85

Postmark: BRANDON, MS 39042
 JUL 24 2024

Sent To: John Few
 2805 Highway 32
 Oakland, MS 38948

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions



BRANDON
 1252 W GOVERNMENT ST
 BRANDON, MS 39042-9998
 (800)275-8777

07/24/2024 02:28 PM

Product	Qty	Unit Price	Price
First-Class Mail®	1		\$1.50
Large Envelope			
Oakland, MS 38948			
Weight: 0 lb 1.00 oz			
Estimated Delivery Date			
Fri 07/26/2024			
Certified Mail®			\$4.85
Tracking #:			
9589 0710 5270 2078 3581 10			
Return Receipt			\$4.10
Tracking #:			
9590 9402 7514 2098 3151 15			
Total			\$10.45

First-Class Mail®	1		\$1.50
Large Envelope			
Oakland, MS 38948			
Weight: 0 lb 1.00 oz			
Estimated Delivery Date			
Fri 07/26/2024			
Certified Mail®			\$4.85
Tracking #:			
9589 0710 5270 2078 3581 03			
Return Receipt			\$4.10
Tracking #:			
9590 9402 7514 2098 3151 22			
Total			\$10.45

First-Class Mail®	1		\$1.50
Large Envelope			
Water Valley, MS 38965			
Weight: 0 lb 1.00 oz			
Estimated Delivery Date			
Fri 07/26/2024			
Certified Mail®			\$4.85
Tracking #:			
9589 0710 5270 2078 3581 27			
Return Receipt			\$4.10
Tracking #:			
9590 9402 7514 2098 3151 39			
Total			\$10.45

Grand Total: \$31.35

Credit Card Remit \$31.35

Card Name: VISA
 Account #: XXXXXXXXXXXX4278
 Approval #: 05024D
 Transaction #: 447
 AID: A000000031010
 AL: VISA CREDIT
 PIN: Not Required

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

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 Track your Packages
 Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience. Go to: <https://postalexperience.com/Pos> or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 270897-0942
 Receipt #: 840-53900186-3-8537372-2
 Clerk: 05

PROPOSED WATER TREATMENT CHEMICAL

From: [Boz Ettehad](#)
To: [Greg Taylor](#)
Subject: Re: De-scalant recommendation for Remediation System at Flash Market, Oakland, MS
Date: Tuesday, August 6, 2024 3:28:05 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[Analytix AN-330GH SDS GHS 2016.pdf](#)

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Greg

Total hardness at 150 ppm is not high, i.e., tendency for calcification should be low unless AST influent/effluent pHs are well above saturation pH for onset of forming insoluble carbonate scale. Alkalinity and TDS values are needed to calculate the theoretical saturation pH.

All influent iron at 2.32 ppm will be fully oxidized due to vacuum extraction. Iron can precipitate and fouling (Iron Related Bacteria) the OWS coalescence media and air stripper trays, to affect oil water separation and VOC removal efficiency.

In this application, I suggest using our AN-330GH antiscalent. AN-330GH is formulated to inhibit calcification and disperse insoluble iron. The product also contains biodegradable glycolic acid to disperse / flush out organic glue-like iron bacteria related slime & biomass.

Amending the product to the recovery wells can help control well fouling and accumulation of solids in influent conveyance lines. However, considering vacuum extraction and low water production rate from each 11 recovery wells, setting up and controlling injection to 11 recovery wells can be problematic. When wells foul, the same product can be amended to each well at high dosage and recirculated with an in-well or above-ground pump for a few hours to rehab and clean the wells.

The recommended dosage of the product is between 50 and 75 ppm, amended to the suction side of the AWS to OWS transfer pump in tandem with the on-off operation, and fixed flow rate of the transfer pump. Assuming an average water treatment rate of 15 gpm, the product demand will be about 1.0 GPD or 30 gallons per month at 50 ppm dosage.

When injecting to the suction piping of the AWS transfer pump, make sure the dosing pump is fitted with a back pressure/anti-siphon valve to maintain calibration.

The current price of the AN-330GH is \$1,750 per 55-gal drums plus freight ~ \$350 for one & \$500 for two drums. SDS is attached.

We can also supply the dosing pump.

Thank you

Boz

Boz Ettehad, Ph.D., PE
Groundwater, Soil & Oil-Field Remediation Chemicals
www.analytixtechnologies.com
Phone: 281.286.7562
Fax: 305.847.0963

On 8/6/2024 12:09 PM, Greg Taylor wrote:

Boz,

For treatment system flow sheet, see page 5 of attached.

For water production rate, I anticipate 10 to 18 gallons per minute, with a maximum number of 6 recovery wells active at one time.

Let me know if you need further information.

Thanks,



GREG TAYLOR

Geologist

Neel-Schaffer, Inc.

1022 Highland Colony Parkway, Suite 301, Ridgeland, MS 39157

O: 601.948.3071 | M: 601.503.0464

www.neel-schaffer.com



From: Boz Ettehad <analytix@earthlink.net>

Sent: Tuesday, August 6, 2024 12:00 PM

To: Greg Taylor <greg.taylor@neel-schaffer.com>

Subject: Re: De-scalant recommendation for Remediation System at Flash Market, Oakland, MS

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Greg

Please provide copy of the treatment system flow sheet, and expected water production/treatment rate.

Thank You

Boz

Boz Ettehad, Ph.D., PE
Groundwater, Soil & Oil-Field Remediation Chemicals
www.analytixtechnologies.com
Phone: 281.286.7562
Fax: 305.847.0963

On 8/6/2024 11:52 AM, Greg Taylor wrote:

Boz,

I would like to get your recommendation on the need for de-scalant at a remediation system we will be installing later this year. Attached is lab report for hardness and iron on representative groundwater sample.

Based on lab report, please advise regarding:

1. Do we need to drip antiscalent into influent water
2. If so,

- <!--[if !supportLists]-->1. <!--[endif]-->Should the drip occur at each wellhead (there will be 11 recovery wells) or just at the equipment compound after all the influent lines are manifolded together
- <!--[if !supportLists]-->2. <!--[endif]-->What chemical would be appropriate, and provide SDS
- <!--[if !supportLists]-->3. <!--[endif]-->Dosage rate
- <!--[if !supportLists]-->4. <!--[endif]-->Cost of recommended chemical.

Thanks,



GREG TAYLOR

Geologist

Neel-Schaffer, Inc.

1022 Highland Colony Parkway, Suite 301, Ridgeland, MS 39157

O: 601.948.3071 | M: 601.503.0464

www.neel-schaffer.com



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1. CHEMICAL IDENTIFICATION

Product Name AN-330GH
Recommended Use Antiscalent, Descaler, Iron Control
Restrictions on Use Not Determined
Emergency Number Infotrac 1-800-535-5053
Customer Service Hotline 281-286-7562 (8 AM to 5 PM CST)

Supplier of SDS:

Analytix Technologies LLC
PO Box 590466
Houston TX 77259-0466
Tel: (281) 286-7562
Web: www.analytixtechnoloies.com
Email: analytix@earthlink.net

2. HAZARD IDENTIFICATION

GHS Hazard Classification:

- Skin Corrosion Category 1A
- Serious eye damage/irritation Category 1
- Acute Toxicity - Inhalation Category 4
- -Ingestion Category 4

GHS Label Elements:

Potential Health Effects – Direct eye contact can cause eye damage. The product is irritating to skin, and irritating to respiratory and gastrointestinal membranes.

Hazard Pictograms:



Signal Word: Danger

Hazard Statement:

- H314 Causes severe skin burns and eye damage.
- H318 Causes serious eye damage.
- H302 Harmful if swallowed
- H332 Harmful if inhaled

Prevention:

- P260 Do not inhale dusts/fume/gas/mist/vapors/spray.
- P264 Wash thoroughly after handling.
- P280 Wear protective gloves / eye and face protection.

Response:

- P301+P330+P331 IF SWALLOWED: Rinse mouth. Drink plenty of water. DO NOT induce vomiting.
- P302+352 IF ON SKIN: Wash with plenty of soap and water.
- P305+351+338 IF IN EYES: Rinse continuously with water for several minutes. Remove contact lenses if present and easy to do - continue rinsing.
- P310 Immediately call a POISON CENTER or doctor / physician.
- P321 Specific treatment (see information on the label).
- P362 Take off contaminated clothing and wash before reuse.

Disposal: Dispose of contents / container in accordance with local / regional / national / international regulations.

Other hazards: No applicable data available.

3. COMPOSITION / INFORMATION ON INGREDIENTS

Mixture of water treatment chemicals

<u>Chemical Name</u>	<u>CAS No.</u>	<u>GHS Classification</u>
Sodium Polycarboxylate - (acrylic copolymer)	Not Hazardous	None
1-Hydroxyethylidene-1,1-diphosphonic Acid	2809-21-4	Eye Damage 1, Skin 2, Oral 5
Hydroxyacetic Acid – (glycolic acid)	79-14-1	Eye Damage 1, Skin 1A, Inhalation & Ingestion 4
Water	7732-18-5	None

Specific chemical identity and/or percentages of composition have been withheld as a trade secret

4. FIRST AID MEASURES

Eyes.....Immediately flush with water for at least 15 minutes, lifting the upper and lower eyelids intermittently.
.....See a medical doctor or ophthalmologist immediately.

Skin.....Immediate first aid is not likely to be required. Wash with plenty of soap and water. Get medical attention
..... if irritation occurs and persists.

Ingestion.....Rinse mouth with water. Dilute by drinking plenty of water. Do not induce vomiting. Never give
..... anything by mouth to an unconscious person. A physician can be contacted for advice.

Inhalation.....Immediate first aid is not likely to be required. Move to fresh air. If breathing difficulty or discomfort
.....occurs and persists, contact a medical doctor.

NOTES TO MEDICAL DOCTOR: The product is corrosive to the eyes and is expected to be irritating to the mucous membranes of the respiratory and gastrointestinal tracts. Treatment is controlled removal of exposure with symptomatic and supportive care.

5. FIRE FIGHTING MEASURES

SUITABLE EXTINGUISHING MEDIA: alcohol resistant foam, CO₂, powder, water spray

UNSUITABLE EXTINGUISHING MEDIA: Water jet

SPECIAL FIRE FIGHTING PROCEDURES Wear self-contained breathing apparatus with a full face piece operated in the positive pressure demand mode when fighting fires.

HAZARDOUS DECOMPOSITION: CO, CO₂

ERG Guide No. 153

6. ACCIDENTAL RELEASE MEASURES

PROTECTIVE PRECAUTIONS AND EMERGENCY PROCEDURES Keep unnecessary personnel away. Wear appropriate protective equipment and clothing during clean-up. Do not breathe mist or vapors. Ensure adequate ventilation

CONTAINMENT PROCEDURE Prevent further leakage or spillage if safe to do so. Contain spills to prevent migration and entry into waterway.

CLEANUP PROCEDURE Contain large spills with dikes and transfer material to appropriate containers for reclamation or disposal. Absorb remaining material or small spills with lime or soda ash and then place in a chemical waste container.

7. HANDLING AND STORAGE

Handling – Avoid contact with eyes, skin and clothing. Avoid breathing vapor or mist and use approved splash goggles and vapor respirator fitted with approved organic cartridge if vaporization or misting occurs. Use with adequate ventilation.

Storage: Store away from heat and alkaline materials. Do not store in mild steel, carbon steel or Aluminum. Suitable materials are: PVC; polypropylene; polyethylene and glass-reinforced plastics. Keep containers tightly closed when not in use and when in transit.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION EQUIPMENT

Control Parameters:

<u>Active Ingredients</u>	<u>CAS #</u>	<u>Source</u>		
		<u>OSHA</u>	<u>ACGIH</u>	<u>NIOSH</u>
Sodium Polycarboxylate – (acrylic copolymer)	Non-Hazardous	NE	NE	NE
1-Hydroxyethylidene-1,1-diphosphonic acid	2809-21-4	NE	NE	NE
Hydroxyacetic Acid – (Glycolic Acid)	79-14-1	NE	NE	NE
NE: No Limit Established				

Exposure Controls:

Eye Protection: Wear Face Shield and splash proof goggles meeting ANSI Z87.1 or approved equivalent.

Hand & Body Protection: Minimize skin contact by wearing protective PVC, Neoprene, Chloroprene gloves. overalls or apron is also recommended.

Respiratory Protection: None required under normal handling and transfer conditions. An approved respiratory protection program meeting OSHA 1910.134 and ANSI Z88.2 requirements or equivalent must be followed whenever workplace conditions warrant use of a respirator. Where vapors or mist may occur, wear a properly fitted NIOSH-approved or equivalent half-mask, air-purifying respirator fitted with NIOSH-approved organic vapor cartridges.

Engineering Controls: Facilities storing or utilizing this material should be equipped adequate ventilation, eyewash and shower facility.

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance:	Clear Colorless to Light Straw Liquid
Upper/Lower Flammability Or Explosive Limits:	Not Determined
Odor:	Mild
Vapor Pressure:	17.5 Mm Hg @ 20 ⁰ c
Odor Threshold:	Not Determined
Vapor Density:	Not Determined
pH (1% solution):	< 2.0
Specific Gravity:	1.10 +/- .05
Melting Point/Freezing Point:	< 0 ⁰ C
Solubility (in water):	Completely Soluble
Initial Boiling Point and Boiling Range:	101 ⁰ C to 105 ⁰ C
Flash Point:	Not Determined
Evaporation Rate:	Not Determined
Flammability:	Not Determined
Partition Coefficient: N-Octanol/Water:	Not Determined
Auto-Ignition Temperature: ..	Not Determined
Decomposition Temperature:	Not Determined
Viscosity:	Not Determined

Note: The above physical data are typical values. They should not be construed as specification for the product.

10. STABILITY AND REACTIVITY

REACTIVITY May react with strong bases and oxidizing agents
STABILITY: Stable under normal conditions
CONDITIONS TO AVOID: contact with strong bases, strong oxidizers
INCOMPATIBILITY: No further relevant information available
HAZARDOUS DECOMPOSITION: CO, CO2
HAZARDOUS POLYMERIZATION: Will not occur.

11. TOXICOLOGICAL INFORMATION

This is a blended product. No data on the neat product is available. The following data is available for the active components, which have been diluted to make this product.

Hydroxvactic Acid – (glycolic acid)

Inhalation 4 h LC50: 3.6 mg/l, Rat (as dust, 100% solid)
Dermal Acute toxicity estimate: > 5,000 mg/kg , human
Oral LD50: 2,040 mg/kg , Rat
Skin irritation: Causes burns. Rabbit

1-Hydroxvethylidene-1,1-diphosphonic acid:

Eye Irritation.....Irritant (rabbit) Dermal LD50.....> 7940 mg/kg (rabbit)
Skin Irritation.....Irritant (rabbit) Oral LD50> 2350 mg/kg (rat)

Sodium Polycarboxylate – (acrylic copolymer):

Eye Irritation.....Slight Irritant (rabbit) Dermal LD50.....> 5000 mg/kg (rabbit)
Skin Irritation.....Non-irritant (rabbit) Oral LD50> 5000 mg/kg (rat)

Carcinogenicity: None of the components present in this material at concentrations equal to or greater than 0.1% are listed by IARC, NTP, or OSHA, as a carcinogen.

12. ECOLOGICAL INFORMATION

This is a blended product. No ecological information on the neat product is available. The following data is based on information available for active components, which have been diluted to make this product.

Sodium Polycarboxylate:

Daphnia magna, 48 Hour EC50: > 1,000 mg/l
NOEC: > 1,000 mg/l
Rainbow trout (Salmo gairdneri), 96 Hour LC50: > 1,000 mg/l
NOEC: = 560 mg/l
Bluegill sunfish (Lepomis macrochirus), 96 Hour LC50: > 1,000 mg/l
NOEC:..... = 1,000 mg/l

Hydroxvactic Acid – (glycolic acid):

Green Algae Pseudokirchneriella subcapitata , 72-hour EC50 = 44 mg/l
72-hour. NOEC = 20 ml/l
Fish Pimephales promelas (fathead minnow), 96-hour LC50 = 164 mg/l
Invertebrates Daphnia magna (water flea), 48 Hour EC50: = 141 mg/l

Readily Biodegradable per OECD Test

12. ECOLOGICAL INFORMATION (continued)

1-Hydroxyethylidene-1,1-diphosphonic:

Algae	(Selenastrum Capricornutum), 96 Hour EC50:	3.0	mg/l
	NOEC:.....	1.3	mg/l
Fish	Bluegill Sunfish (Lepomis macrochirus), 96 Hour LC50	> 800	mg/l
	NOEC:.....	529	mg/l
	Rainbow Trout (Salmo gairdneri), 96 Hour LC50:.....	> 350	mg/l
	NOEC:..... Sheephead Minnow, 96 Hour	151	mg/l
	LC50:.....	> 2100	mg/l
	NOEC:.....	104	mg/l
	Channel Catfish, 96 Hour, 96 Hour LC50.....	> 650	mg/l
	NOEC:.....	529	mg/l
Invertebrates	Daphnia magna, 48 Hour EC50:	> 500	mg/l
	NOEC:.....	400	mg/l
	Grass Shrimp (Palaemonetes Pugio), 96 Hour EC50:.....	> 1700	mg/l
	NOEC:.....	104	mg/l

This component has low avian toxicity, is slightly toxic to oysters and is practically non-toxic to fish and invertebrates. Algal growth inhibition is due to ability of the product to complex materials and not to toxicity per se.

13. DISPOSAL CONSIDERATION

Disposal Method: For small quantities neutralize with lime or soda ash and flush away with plenty of water. For large spillage absorb spillage onto sand or other absorbent material and dispose of as solid waste as per local regulations (e.g. incineration). Surplus product can be incinerated.

If the product was supplied in a single use container, care should be taken to dispose of the container in a responsible manner and in accordance with applicable regulations. Label precautions should be followed for any residual material in the container. Whenever possible, our company encourages recycling of containers.

14. TRANSPORT INFORMATION

- U.S. DOT (Department of Transportation)
- Proper Shipping Name – Corrosive liquid, acidic, organic, N.O.S. (contains Glycolic Acid)
- Primary hazard Class/Division - 8 (Corrosive)
- UN/NA Number – UN 3265
- Packing Group – III
- Placards – Corrosive
- Label – Corrosive
- ERG Guide # 153



- Other Shipping Information – DOT Marking – Not applicable
- Hazardous Substance/RQ – Not applicable
- 49 STCC Number – Not applicable

Keep container tightly closed. Protect against physical damage.

15. REGULATORY INFORMATION

Following information pertains to each active component in the product, when applicable.

UNITED STATES

- SARA TITLE 3 (Superfund Amendments and Reauthorization Act) – Not listed
- Section 302 Extremely Hazardous Substances (40 CFR 355) – Not listed
- Section 304 Reportable Quantity: Not applicable
- Section 311/312 Hazard Category (40 CFR 370) – Immediate (Acute) Health Hazard
- Section 313 Reportable Ingredients (40 CFR 372) – Not listed

CERCLA (Comprehensive Environmental Response Compensation and Liability Act) (40 CFR 302.4)-Not listed.

TSCA (Toxic Substance Control Act) (40 CFR 710) – Listed

16. OTHER INFORMATION

Suggested HMIS Ratings - Health - 2 Flammability - 0 Reactivity - 1 Protection - D

NFPA Rating Health - 2 Flammability - 0 Reactivity - 1 Special - None

HMIS Rating notes - Protection D = Splash Proof Goggles, Face Shield, Gloves, Apron

Date Prepared: 5-20-2015

Date Revised: 12-15-2015

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