

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

OWNER INFORMATION

Owner Contact Name: Joey Johnson Position: Env. Manager
 Owner Company Name: Scott Petroleum Company
 Owner Street (P.O. Box): 102 Main Street
 Owner City: Itta Bena State: MS Zip: 38941
 Owner Phone Number (include area code): 662-254-9024

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: Boco #1
 Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 4657
 Physical Site Address (if not available indicate the nearest named road):
 Street: 306 Main Street City: Benoit
 County: Bolivar Zip: 38725
 Latitude: 33 degrees 39 minutes 03 seconds Longitude: 91 degrees 00 minutes 37 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: Benoit POTW

POTW contact, title and telephone number: Calvin Ward; Mayor; 662-742-3751

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

Wastewater Collection Authority contact, title and telephone number: _____

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.

Signature: 
(Must be signed by operator when different than owner)

Jay Santucci
Printed Name¹

9/14/21

Date Signed

Treasurer
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

**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 306 Main Street, Benoit, MS
_____ [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 Town of Benoit sanitary collection system and discharged to Benoit 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

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 306 Main Street, Benoit, MS
[complete address with county]. Approximately 14,400 [gallons per day] of treated groundwater will be discharged to Benoit 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.

Calvin Ward
POTW Authorized Signature

CALVIN WARD
Printed Name

MAYOR of Benoit, MS
Title

08-31-21 662-822,5259
Date Signed Daytime Telephone

Collection Authority Authorized Signature

Printed Name

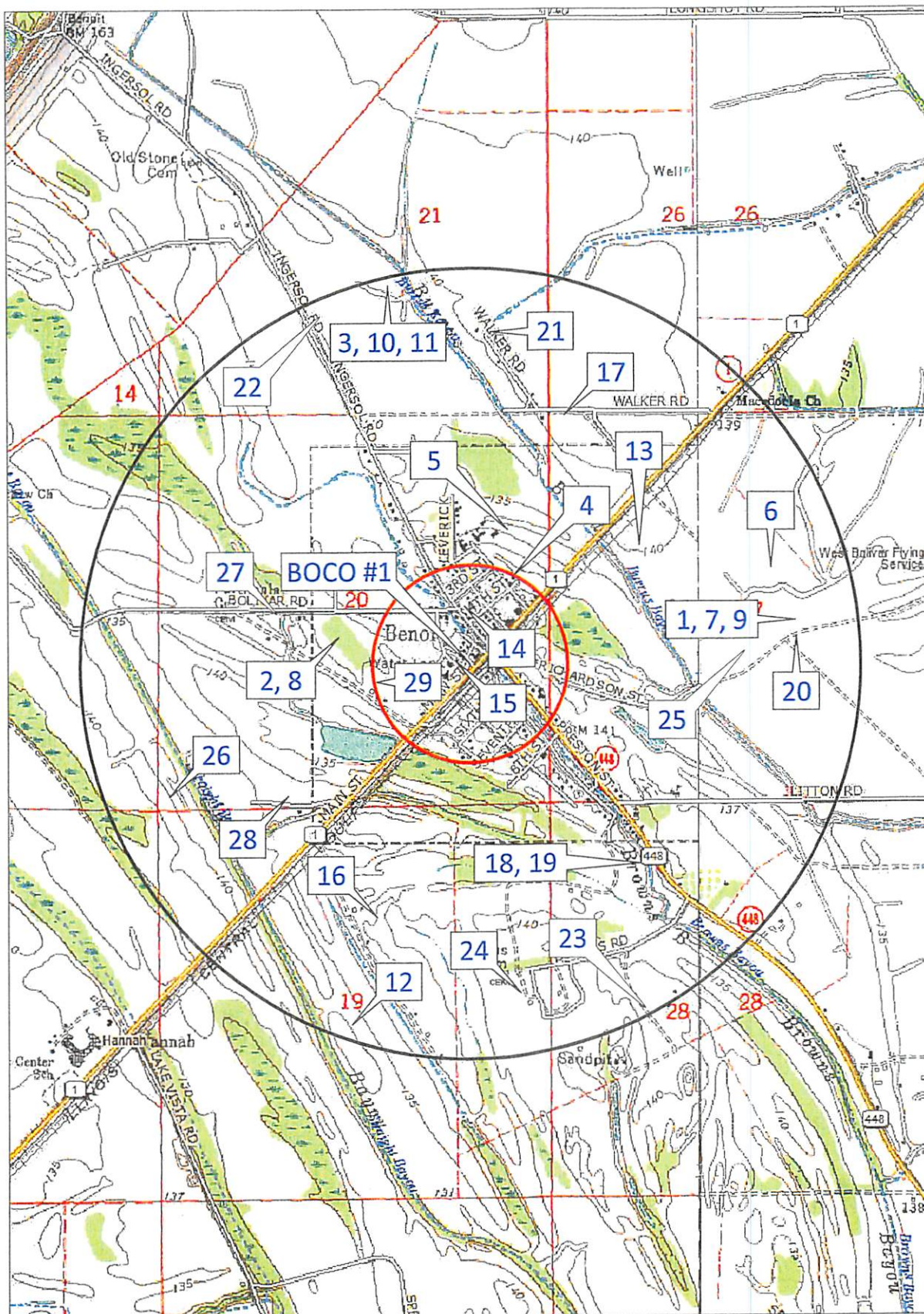
Title

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



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

DeLorme. TopoQuads. Scale 1:25,000 (S20-T21N-R8W)
 TOPO USA®. BENOT, MISS. 1972 Lat:N33°39'3.35" Long:W91°00'37.01"



W. L. BURLE
 ENGINEERS, P.A.
 104 East Marketridge Drive
 Ridgeland, MS 39157

FIGURE 1
 VICINITY MAP
 MGPTF NO. 4657
 PSI REPORT
 BOCO #1
 306 MAIN STREET
 BENOIT, MISSISSIPPI



QUADRANGLE LOCATION

Proj. No. 08050-2-0119	
CAD File No. Boco #1_PSI_1.dwg	
Drawn By: KAC	Dwg. No. 1
Chkd. By: JNS	
Date: 8/23/2019	
Scale: 1:2000	

Town of Benoit
P.O. Box 66
Benoit, MS 38725
662-742-3751

September 10, 2021
Mr. Jay Santucci
WL Burle, Engineers, P.A.
P.O. Box 1709
Ridgeland, MS 39185-1709

Re: Groundwater Remediation System and Permitting Project
MK First-Trace LLC Gas Station
306 S. Main Street
Benoit, MS 38725

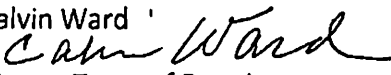
Dear Mr. Santucci:

This letter will serve as or "Will Serve" notification on the above referenced project. We will provide water and sewer service with the following provisions:

1. W.L. Burle, Engineers, P.A. will maintain an approved backflow device on the water service for the Treatment System. Current proof of testing for said device will need to be provided if water supply to treatment system is required.
2. W.L. Burle, Engineers, P.A. will provide copies of the effluent test results to the Benoit POTW, at 114 W. Preston, Benoit, MS 38725
3. W.L. Burle, Engineers, P.A. will notify the POTW prior to the initial discharge and prior to any significant increases in discharge volume. Contact to be Aaron Nicholson, Nicholson Water Management at 662-822-5132.
4. W.L. Burle, Engineers, P.A. will be required to submit an application for service to the water Billing Department, 114 W. Preston, Benoit, MS 38725. In person between 9:00am-Noon if water service is required.
5. If new water and/or sewer taps are necessary, W.L. Burle, Engineers, P.A. will need to make contact with for information on estimates.

If you have any questions or need clarification, please feel free to call me at 662-822-5259.

Sincerely,

Calvin Ward

Mayor, Town of Benoit

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:

Rosedale-Bolivar Post Com.
317 Terminal Rd.
Rosedale, MS 38769



9590 9402 4699 8323 0974 66

2. Article Number (Transfer from service label)

7013 1090 0001 8865 4487

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kg c/g

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/23/21

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt



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 0275

(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)



September 14, 2021

Mr. Tracey Tompkins, 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. 4657; Boco #1
306 Main Street
Benoit, MS 38725

Dear Ms. Tompkins:

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 Benoit Water/Sewer
4. Certified-return receipt for the site's contiguous land owners.

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

A handwritten signature in blue ink, appearing to read "Jay Santucci", is written over the typed name.

Jay N. Santucci, RPG



pc. Mr. John Traweck, MDEQ
Dr. William L. Burle, Jr., P.E., BURLE
Mr. Joey Johnson, Scott Petroleum Corp.

Attachments



104 EAST MARKET RIDGE DRIVE
(P.O. BOX 1709)
RIDGELAND, MISSISSIPPI 39157 (39158-1709)
P| 601-957-7813
F| 601-957-8715

LETTER OF TRANSMITTAL

DATE	9/14/21	JOB NO.
ATTENTION	Tracey Tompkins, P.E.	
RE:	ID 4657, Boco #1	
	306 Main Street	
	Benoit, MS	
	UST General Permit Application	

TO Tracey Tompkins, P.E.
MDEQ / Office of Pollution Control
PO Box 2261, Jackson, MS 39225

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items.

☐ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of Letter ☐ Change Order ☐

COPIES	DATE	NO.	DESCRIPTION
1	9/14/21	1	ID 4657, Boco #1 UST General Permit Application

THESE ARE TRANSMITTED as checked below:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> | |
| <input type="checkbox"/> FOR BIDS DUE _____ | <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US | |

REMARKS _____

Thank you,
Jay Santucci, RPG

RECEIVED
SEP 20 2021

MDEQ

COPY TO JOHN TRAWEGG / MDEQ - UST

SIGNED: _____

If enclosures are not as noted, please notify us at once.