

October 4, 2024

Ms. 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. 3718
1402 Hwy 82 E.
Leland, MS 38756

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. Site Map with remediation system layout with outfall shown.
4. Certified-return receipt for the site's contiguous landowners.
5. Safety Data Sheet (AN-450FG)

An anti-scaling agent is planned for the unit to minimize scale buildup in the plumbing system. The product, Analytic AN-450FG, is not considered a hazardous material under Federal OSHA Hazard Communication Standard 29CFR 1910.1200. A copy of the safety data sheet is attached. The product will be applied at a concentration of 150 ppm; however, bag filters will be installed on the effluent line which will remove more than 90% of the product. The dosage rate will average 2 GPD based on the flow rate of the remediation system. There are no other chemicals planned for the remediation system.

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

Sincerely,

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


Jay N. Santucci, RPG



pc. Mr. Brandon St. Clair, MDEQ
Mr. Mark Fratesi, Fratesi Brother's Grocery

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 AND APPROVAL FORM..... 6
- 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

AI: 27521

MSG120286



Rec'd via email:
10/07/2024

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 0286

(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: Mark Fratesi Position: Owner

Owner Company Name: Fratesi Brother's Grocery

Owner Street (P.O. Box): 1402 Hwy 82 E

Owner City: Leland State: MS Zip: 38756

Owner Phone Number (include area code): 662-686-2253

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Jay Santucci Position: Treasurer

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: Fratesi's Grocery

Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 3718

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

Street: 1402 Hwy 82 E City: Leland

County: Washington Zip: 38756


Latitude: 33 degrees 24 minutes 29 seconds Longitude: 90 degrees 51 minutes 30 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? <input checked="" type="checkbox"/> State Waters <input type="checkbox"/> POTW/Collection System
Name of Nearest Receiving Stream: <u>Tributary to Bogue Phalia</u>
Name of POTW: <u>N/A</u>
POTW contact, title and telephone number: <u>N/A</u>
Name of Wastewater Collection Authority (if different from POTW): <u>N/A</u>
Wastewater Collection Authority contact, title and telephone number: <u>N/A</u>
<u>N/A</u>
Proposed rate of flow (gallons/day): <u>10,000</u>
Describe type of treatment: <u>Groundwater treatment system consists of an oil/water separator followed by an aeration chamber, followed by a carbon filtering system.</u>

CERTIFICATION

<p>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.</p>	
 Signature ¹ (Must be signed by operator when different than owner)	<u>10/4/24</u> Date Signed
<u>Jay Santucci</u> Printed Name ¹	<u>Treasurer</u> 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 1402 Hwy 82 E, Leland, Washington County, MS 38756
_____ [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 a tributary of Bogue Phalia [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)

Not Applicable [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 Not Applicable
[complete address with county]. Approximately Not Applicable [gallons per day] of treated groundwater will be discharged to Not Applicable [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.

<u>POTW Authorized Signature</u> <u>Not Applicable</u> Printed Name <u>Not Applicable</u> Title <u>N/A</u> <u>Not Applicable</u> Date Signed Daytime Telephone	<u>Collection Authority Authorized Signature</u> <u>Not Applicable</u> Printed Name <u>Not Applicable</u> Title <u>N/A</u> <u>Not Applicable</u> Date Signed Daytime Telephone
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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

Request for Termination (RFT) of Coverage



UST GENERAL NPDES PERMIT
Coverage 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 the UST General Permit Coverage by completing this form and submitting it to the address below at least 30 days prior to ceasing a discharge of remediated groundwater.

PROJECT INFORMATION

Project Name: _____
Physical Site Street Address: _____
City: _____ County: _____
Closure Date: _____

OWNER INFORMATION

Owner Company Name: _____
Owner Company Contact Name & Position _____
Owner Mailing Address (Street/P.O. Box): _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

OPERATOR INFORMATION (if different than owner)

Operator Company Name (if different than owner): _____
Operator Contact Name & Position: _____
Operator Mailing Address (Street/P.O. Box): _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

UST BRANCH APPROVAL

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) Title Signature Date Signed

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, 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

Revised: April 6, 2011

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.

<p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: _____</p> <p>City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: (_____) _____</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p>								
<p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>								
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description:</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>								
<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>								
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print New Permittee¹ Name</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print Previous Permittee¹ Name</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>New Authorized Signature²</p> </td> <td style="border: none;"> <p>_____</p> <p>Previous Authorized Signature²</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>Title</p> </td> <td style="border: none;"> <p>_____</p> <p>Title</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>Date</p> </td> <td style="border: none;"> <p>_____</p> <p>Date</p> </td> </tr> </table>		<p>_____</p> <p>Print New Permittee¹ Name</p>	<p>_____</p> <p>Print Previous Permittee¹ Name</p>	<p>_____</p> <p>New Authorized Signature²</p>	<p>_____</p> <p>Previous Authorized Signature²</p>	<p>_____</p> <p>Title</p>	<p>_____</p> <p>Title</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Print New Permittee¹ Name</p>	<p>_____</p> <p>Print Previous Permittee¹ Name</p>								
<p>_____</p> <p>New Authorized Signature²</p>	<p>_____</p> <p>Previous Authorized Signature²</p>								
<p>_____</p> <p>Title</p>	<p>_____</p> <p>Title</p>								
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>								

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 APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(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>
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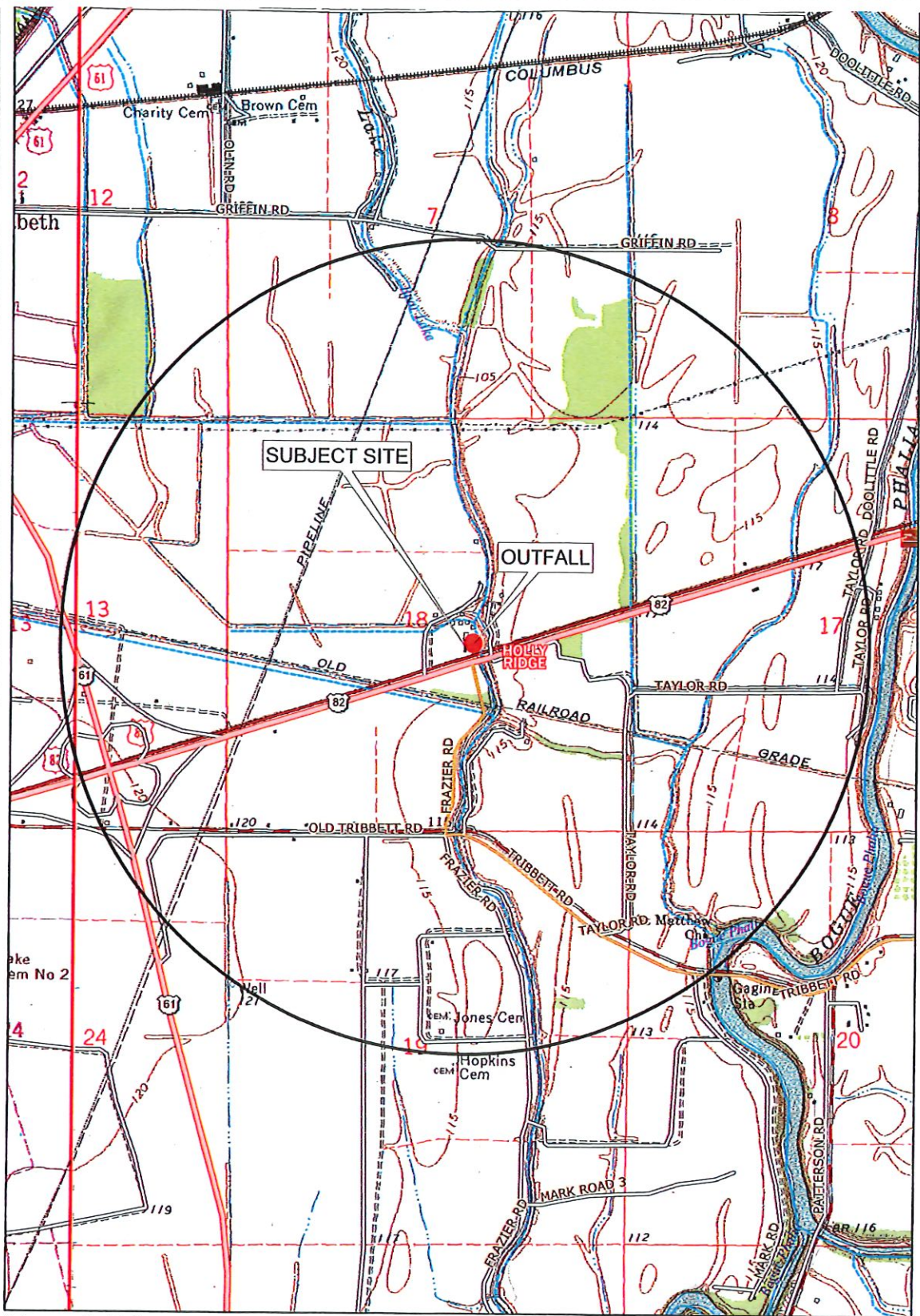
Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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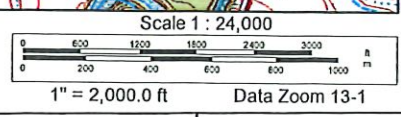
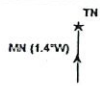
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>
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DeLorme, TopoQuads. Scale 1:24,000 (S18-T18N-R6W)
 TOPO USA®8. HOLLY RIDGE, LELAND, MISS. 1967

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 www.delorme.com



LEGEND	
●	OUTFALL
	1 MILE RADIUS

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

FIGURE 1
VICINITY MAP

MGPTF NO. 3718
 FRATESI BROTHERS GROCERY
 1402 HIGHWAY 83 EAST
 LELAND, MISSISSIPPI 38756

MISSISSIPPI

QUADRANGLE LOCATION

Proj. No. 02020-2-0424	
CAD File No. Fratesi'sVicinityMap.dwg	
Drawn By: JNS	Dwg. No.
Chkd. By: JNS	1
Date: 10/4/24	Scale: AS SHOWN



CONTROL POINT TABLE:

POINT	ELEVATION	DESCRIPTION
CP-1	116.20'	COTTON PICKER SPINDLE SET
CP-2	116.72'	COTTON PICKER SPINDLE SET

- LEGEND:**
- SUBJECT SITE PROPERTY LINE
 - DETECTION WELL
 - SOIL BORING/MONITORING WELL
 - PROPOSED RECOVERY WELL (4")
 - PROPOSED RECOVERY WELL (4")
 - PROPOSED EFFLUENT SEWER LINE
 - PROPOSED FENCE
 - PROPOSED 4" RECOVERY LINES (NETWORK 1 WITH 12 RWS)
 - PROPOSED 4" RECOVERY LINES (NETWORK 2 WITH 13 RWS)
 - PROPOSED 4" RECOVERY LINES (NETWORK 3 WITH 10 RWS)
 - PROPOSED DPE UNIT
 - PROPOSED MANIFOLD
 - PROPOSED LEAD FILTERS



2187 Highway 51, Suite A
Madison, MS 39110

FRATESI'S GROCERY
FACILITY NO. 3718
1402 HIGHWAY 82 EAST
LELAND, MISSISSIPPI 38756

FIGURE 2
PROPOSED
REMEDIATION
SYSTEM
LAYOUT

02020-2-0424
CAD File No. Fratesi'sREMMap1.dwg
Drawn By: JNS
Checked By: JNS
Date: 10/4/24
Scale: 1"=40'
Page No. 3

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:

Shirley Ann Grissom
 1948 Granddaddy Rd
 Lawrenceburg, TN
 38464



9590 9402 4699 8323 0973 98

2. Article Number (Transfer from service label)

7013 1090 0001 8865 4715

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

9/27

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
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

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:

George B. Stallings
 92 Eastgate Dr.
 Brandon, MS 39042



9590 9402 4699 8323 0974 04

2. Article Number (Transfer from service label)

7013 1090 0001 8865 4722

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

[Handwritten 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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

1. CHEMICAL IDENTIFICATION

Product Name AN-450FG
 Recommended Use..... Water Treatment Antiscalent, Descaler
 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

Hazard classification

This material is not hazardous under the criteria of the Federal OSHA Hazard Communication Standard 29CFR 1910.1200.

- (a) **GHS Classification of the substance/mixture and any national or regional information**
 Classification according to GHS Not classified
- (b) **GHS Label Elements**

Hazard Pictogram	None
Signal Word	None
Hazard Statements	None
Precautionary Statements	None
- (c) **Other Hazards** None

Other hazards: no 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	Not Hazardous	None
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.

5. FIRST AID MEASURES (continued)

Ingestion: Immediate first aid is not likely to be required. Rinse mouth with water. Dilute by giving 2 glasses 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. Remove to fresh air. If breathing difficulty or discomfort occurs and persists, contact a medical doctor.

NOTES TO MEDICAL DOCTOR: Treatment is controlled removal of exposure with symptomatic and supportive care.

6. 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

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 inert material 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 at > 32 °F. Stir well before use. Keep containers tightly closed when not in use and when in transit.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION EQUIPMENT

Control Parameters: No specific occupational exposure limit have been established.

Exposure Controls:

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

Hand & Body Protection: Minimize skin contact by wearing protective PVC or Neoprene 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 with adequate ventilation, eyewash and shower facility.

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance:	Pale Amber Clear Liquid
Upper/Lower Flammability Or Explosive Limits:	Not Determined
Odor:	Mild
Vapor Pressure:	17.5 Mm Hg @ 20 ^o c
Odor Threshold:	Not Determined
Vapor Density:	Not Determined
pH (1% solution):.....	4.0 – 5.0
Specific Gravity:	1.10 - 1.20
Melting Point/Freezing Point:	< 0 ^o C
Solubility(in water):	Completely Soluble
Initial Boiling Point And Boiling Range:	101 ^o C To 103 ^o C
Flash Point:	Not Determined
Evaporation Rate:.....	Not Determined
Flammability (Solid, Gas):	Not Determined
Partition Coefficient: N-Octanol/Water:	Not Determined
Auto-Ignition Temperature:	Not Determined
Decomposition Temperature:	Not Determined
Viscosity:	50 – 350 cps

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

10. STABILITY AND REACTIVITY

REACTIVITY : No Data Available

STABILITY: Stable under normal conditions

CONDITIONS TO AVOID: No Data Available

INCOMPATIBILITY: There are no known materials which are incompatible with this product

HAZARDOUS DECOMPOSITION: CO, CO2

HAZARDOUS POLYMERIZATION: Will not occur.

11. TOXICOLOGICAL INFORMATION**Acute Toxicity:**

Dermal LD₅₀.....> 5000 mg/kg (rabbit)

Oral LD₅₀> 5000 mg/kg (rat)

Inhalation.....data not available

Skin corrosion/irritation : No skin irritation

Serious eye damage/eye irritation: slight irritation

Sensitization: Product test data not available.

Specific Target Organ Systemic Toxicity (Single Exposure): Product test data not available.

Specific Target Organ Systemic Toxicity (Repeated Exposure): Product test data not available.

Carcinogenicity: Product test data not available.

Teratogenicity: Product test data not available.

Reproductive toxicity: Product test data not available.

Mutagenicity: Product test data not available.

Aspiration Hazard: Product test data not available.

12. ECOLOGICAL INFORMATION

Toxicity data for a compositionally similar material are as follows:

Rainbow trout (<i>Salmo gairdneri</i>) 96 Hour LC50:.....	>	1,000 mg/L
96 hr NOEC:	=	1,000 mg/L
Bluegill sunfish 96 hr LC50 :.....	>	1,000 mg/L
96 hr NOEC:	=	1,000 mg/L
Daphnia magna 48 hr EC50 :.....	>	1,000 mg/L
48 hr NOEC:.....	=	1,000 mg/L
Zebra fish, 96 Hour LC50:.....	>	1,000 mg/L
Brown shrimp, 96 Hour LC50:.....	>	9,800 mg/L

* LC50: Lethal Concentration to 50 % of the test organism. ** NOEC: No Observed Effect Concentration

* EC50: Effective Concentration with some effect in 50% of the test organism,

13. DISPOSAL CONSIDERATION

Disposal Method: For small spills, 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): Nonregulated

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 311 Hazard Category (40 CFR 370) – Not Hazardous

Section 312 Threshold Planning Quantity (40 CFR 370) – None

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 - 1 Flammability - 0 Reactivity - 0 Protection - B
NFPA Rating Health - 1 Flammability - 0 Reactivity - 0 Special - None

HMIS Rating notes - Protection B = Splash Proof Goggles, Gloves

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