



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

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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



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)

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

THE APPLICANT IS **OWNER** **OPERATOR**

OWNER INFORMATION

Owner Contact Name: _____

Owner Company Legal Name: _____

Owner Street or P.O. Box: _____

Owner City: _____ State: _____ Zip: _____

Owner Phone #: (____) _____ Owner Email: _____

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____

Operator Company Legal Name: _____

Operator Street (P.O. Box): _____

Operator City: _____ State: _____ Zip: _____

Operator Phone #: (____) _____ Operator Email: _____

FACILITY INFORMATION

Site Name: _____

Mississippi Groundwater Protection Trust Fund Identification Number: _____

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

Street: _____ City: _____

County: _____ Zip: _____

Latitude: ____ degrees ____ minutes ____ seconds Longitude: ____ degrees ____ minutes ____ seconds

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

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater proposed to be discharged? <input type="checkbox"/> State Waters <input type="checkbox"/> Collection/Treatment System
Name of Nearest Receiving Stream: _____
Name of Publicly Owned Treatment Works or Wastewater Authority: _____
Proposed rate of flow (MGD): _____
POTW contact, title and telephone number: _____ _____
Is treatment provided at any outfall? If so, describe: _____ _____

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)	_____ Date Signed
_____ Printed Name ¹	_____ 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

**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 _____
_____ [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.

_____ [applicant's name]
_____ [address]

_____ [phone number] is proposing to begin the cleanup process and discharge treated groundwater to _____ [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

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

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
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- 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

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 style="padding-left: 40px;">Street: _____</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p>
<p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">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>

Item VII.

Will Facility Name Change? Yes _____ No _____

If Yes, Provide New Name for Permit Coverage.

New Name: _____

Item VIII.

Signature for Name Change

Print Name: _____

Authorized Signature²: _____

Title: _____ Date: _____

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 Permittee¹ Name

Print Previous Permittee¹ Name

New Authorized Signature²

Previous Authorized Signature²

Title

Date

Title

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.]

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>
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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: _____
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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: _____
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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: _____
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	OTHER INFORMATION:
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