

AI # 68470  
Gnp20170001

### MAJOR MODIFICATION FORM FOR HYDROSTATIC TEST GENERAL PERMIT MSG13



#### INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to include additional outfall(s) or to change the location of existing outfall(s), to utilize new or different water treatment additives, or to expand the acreage or "footprint" of an existing project. This form must be submitted when any of the following activities is/are being proposed (check all that apply).

- Applicant requests additional discharge outfall(s) and/or relocation of existing outfall(s). Amend and submit Outfall Information Form included in with the previous HTNOI or last Major Modification Form, using the next available outfall number.
- Applicant requests to utilize new or different water treatment chemicals from what was proposed in the original HTNOI.
- Applicant requests to utilize as source water a different water of the State than what was originally proposed and approved by the Office of Land and Water (attach new approval).
- Applicant requests "footprint" identified in the original HTNOI to be enlarged (if modification impacts wetlands, attach Corps of Engineers' Section 404 documentation).

A modified SWPPP and updated USGS topographic map must be attached if an enlargement of the original footprint or rerouting of the original project is proposed. Additions or relocations of existing outfalls must also be located on the topographic map. This form must be signed by the current coverage recipient under Mississippi's Hydrostatic Test General Permit. A different operator must have general permit coverage transferred prior to coverage being modified. Coverage recipients are authorized to implement the proposed modifications, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

#### PROJECT INFORMATION

HYDROSTATIC TEST GENERAL PERMIT COVERAGE NUMBER: MSG13 0 4 9 6

PROJECT NAME: WWT Project Work and Tank Repairs

CITY: Vicksburg COUNTY: Warren

ADDITIONAL ACREAGE TO BE DISTURBED: \_\_\_\_\_ TOTAL DISTURBED ACREAGE: \_\_\_\_\_

#### COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: Molly Murdock

COMPANY NAME: Ergon Refining

STREET OR P.O. BOX: PO Box 309

CITY: Vicksburg STATE: MS ZIP: 39181

PHONE # (INCLUDE AREA CODE): 601-630-8358

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 coverage recipient)

Ken Dillard  
 Printed Name

2/27/2017  
 Date

Vice President of Refining  
 Title

**RECEIVED**  
**MAR - 6 2017**

Please submit this form to: Chief, Environmental Permits Division  
 MS Department of Environmental Quality, Office of Pollution Control  
 P.O. Box 2261  
 Jackson, Mississippi 39225

Revised: 06/01/11

Dept. of Environmental Quality

## OUTFALL INFORMATION

(To be submitted with HTNOI and Major Modification Forms)

### INSTRUCTIONS:

1. For each outfall, complete the information in the table below (NOTE: Complete the last column of this form, only if it is being submitted with a Major Modification Form).
2. All outfalls must be spotted and labeled on a USGS quadrangle map.

OUTFALL NO.	LATITUDE <sup>1</sup> (deg/min/sec)	LONGITUDE <sup>1</sup> (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM <sup>2</sup>				EST. TOTAL DISCHARGE (MIL GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC.		EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING	
				NAME	ON MDEQ 303(D) LIST? <sup>3</sup>		HAS TMDL? <sup>3</sup>		New	Used			
					Yes	No	Yes						No
001													
002	32/23/15.82	90/54/28.57	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
003	32/23/13.75	90/54/31.59	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
004	32/23/10.85	90/54/35.92	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
005	32/23/6.87	90/54/35.11	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
006	32/23/5.13	90/54/32.20	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
007	32/23/3.53	90/54/26.60	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
008													
009	32/23/13.44	90/54/33.46	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
010	32/23/17.18	90/54/34.90	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
011	32/23/20.98	90/54/35.12	Fire Water	Yazoo Canal		✓		✓	3 MG	✓	✓		Existing
012													

Revised: 06/01/11

<sup>1</sup> List the latitude and longitude of its location to the nearest 15 seconds.

<sup>2</sup> Name of the nearest named receiving stream as listed on a USGS Quad Map.

<sup>3</sup> MDEQ's 303(d) List of Impaired Water Bodies and approved TMDLs can be found at: [http://www.deq.state.ms.us/MDEQ.nsf/page/TWB\\_Total\\_Maximum\\_Daily\\_Load\\_Section](http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13 0 4 9 6 ) COUNTY: Warren

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

In accordance with ACT10, R-3 of the Hydrostatic Test General Permit, notification shall be submitted to MDEQ regarding the start date/time and anticipated duration of the surface discharge of hydrostatic test water from the subject project.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: Ergon Refining
CONTACT PERSON: Molly Murdock CONTACT'S PHONE NUMBER: (601 ) 630-8358
PROJECT NAME: WWT project (WT-23 & WT-25) OUTFALL NUMBER(S): 011A
DIRECTIONS TO OUTFALL: Outfall 011A is located North of the Propane bullets in the Propane De-Asphalting Unit (PDA)
DISCHARGE START DATE: 3/19/2017 DISCHARGE START TIME: 0800 DISCHARGE DURATION (hours): 75 Hrs

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.

Authorized Signature
Ken Dillard
Printed Name

2/27/2017
Date
Vice President of Refining
Title

Submit this form to:

Chief, Environmental Compliance and Enforcement Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 05/24/11

1 This form shall be submitted with an original signature by an authorized individual in accordance with ACT 12, T-7 or T-8 of the General Permit.