





BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 3 6 5

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (i.e., legal entity that controls the facility's operation, or the plant/site manager, not the environmental consultant). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated industrial activity.

Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary is required. If a copy is submitted, provide the name of the quadrangle map that is found in the upper right hand corner. Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

ALL FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

| THE APPLICANT IS: | OWNER | ✓ OPERATOR (PLEASE CHECK ONE OR BOTH) |
|-------------------|-------|---------------------------------------|
|-------------------|-------|---------------------------------------|

OWNER INFORMATION

| Owner Contact Name: Lane Tolar | Position: Env. Manager | | |
|--|------------------------|------------------------|--|
| Owner Company Name: CITGO Petroleum Corporation | | | |
| Owner Street (P.O. Box): 1293 Eldridge Parkway | | | |
| Owner City: Houston | State: TX | Zip: 77077-1670 | |
| Owner Phone Number: (832) 486-4000 Owner Email: LTTOLAR@CITGO.com | | | |

OPERATOR INFORMATION (if different than owner)

| Operator Contact Name: Lane Tolar | Position: Env. Manager | | |
|--|------------------------|--|--|
| Operator Company Name: CITGO Petroleum Corporation | | | |
| Operator Street (P.O. Box): 1585 Haining road | | | |
| Operator City: Vicksburg State: MS | Zip: 39183 | | |
| Operator Phone Number: (281) 731-3607 Operator Email: LTTols | ar@CITGO.com | | |

FACILITY INFORMATION

| Facility Name: CITGO Petroleum - Vicksburg Bulk Fuel Terminal | | | | | |
|--|---------------------|--|--|--|--|
| Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 5 1 7 1 Petroleum Bulk Stations and Terminals | | | | | |
| Receiving Stream: Vicksburg Harbor Channel then the Yazoo Canal then the Mississip | pi River | | | | |
| Is receiving stream on MDEQ's 303(d) List? | ☐ Yes 🗹 No | | | | |
| Has a TMDL been established for the receiving stream segment? | ☐ Yes ☑ No | | | | |
| Physical Site Address: | | | | | |
| Street: 1585 Haining Road City: Vicksburg | | | | | |
| County: Warren Zip: 39183 | | | | | |
| Latitude: 32 degrees 23 minutes 29.1 seconds Longitude: -90 degrees 53 m | inutes 25.C seconds | | | | |
| Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): USGS Map Interpolation | | | | | |
| Attach a copy of any existing laboratory data for each storm water outfall. If multiple sampling has been performed, provide a summary for each parameter, including sampling dates and the minimum, average and maximum values. | | | | | |
| Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts? Yes V No If yes, please attach a list of water priority chemicals present at the facility. | | | | | |

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

| Is this notice for a facility th | at will require other permits? | ✓ Yes | □ No | | | |
|--|------------------------------------|-------|-----------------------------|--|--|--|
| If yes, check which one(s): ☑ Air, ☐ Hazardous Waste, ☐ Pretreatment, ☐ Water State Operating, ☐ Individual NPDES, or list Other(s): | | | | | | |
| How will sanitary sewage be collected and treated? Sanitary sewage is treated by the City of Vicksburg. | | | | | | |
| Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval. | | | | | | |
| There are no local storm w | ater ordinances that apply. | | | | | |
| Is treatment of storm water | - | □Yes | ☑ No | | | |
| If yes, please describe: _ | | | | | | |
| | | | | | | |
| 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. am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | |
| | | | Date Signed | | | |
| Signature' (Must be signed by o | perator when different than owner) | | Date Signed | | | |
| Simon Suarez Printed Name ¹ | | | VP Supply & Marketing Title | | | |
| This application shall be signed according to the General Permit, ACT 14, T-9, 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. | | | | | | |
| 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



Delbert Hosemann Secretary of State

This is not an official certificate of good standing.

Name History

Name

Name Type

CITGO PETROLEUM CORPORATION

Legal

Business Information

Business Type:

Profit Corporation

Business ID:

509154

Status:

Good Standing

Effective Date:

03/31/1983

State of Incorporation:

DE

Principal Office Address:

1293 Eldridge Parkway

Houston, TX 77077

Registered Agent

Name

C T CORPORATION SYSTEM 645 LAKELAND EAST DR STE 101 FLOWOOD, MS 39232

Officers & Directors

Name

Title

Asdrbal Chvez

1293 Eldridge Parkway

Houston, TX 77077

Director

Richard Esser

1293 Eldridge Parkway Houston, TX 77077

Director

Nelson Ferrer

Director

1293 Eldridge Parkway

Houston, TX 77077

Ysmel Serrano

1293 Eldridge Parkway Houston, TX 77077

Director

Guillermo Blanco 1293 Eldridge Parkway

Houston, TX 77077

Director, Chairman

Justino Salazar

1293 Eldridge Parkway Houston, TX 77077

Treasurer