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MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0001

(Number to be assigned by MDEQ)

INSTRUCTIONS

The Hydrostatic Test Notice of Intent (HTNOI) is for coverage under the Hydrostatic Test General Permit to discharge hydrostatic test water. Applicant must be the owner or operator. The coverage recipient is responsible for compliance with the conditions of the general permit.

Completed HTNOIs should be filed at least thirty (30) days prior to the commencement of regulated activity. Discharge of hydrostatic test water without written notification of coverage is a violation of state law.

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.

IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: _____

NOTE: If disturbing five (5) acres or more, a stormwater construction coverage is required.

A USGS quadrangle map or copy is a required submittal. The map shall extend at least one-half of a mile beyond the facility/ project property boundary. In the case of linear pipeline projects the map shall extend at least one-half of a mile beyond the pipeline right-of-way. The site location and outfalls must be outlined and labeled. Quad maps can be obtained from the Office of Geology (601-961-5523). If a copy is submitted, provide the name of the quadrangle map that is found in upper right hand corner.

Additional submittals may include the following:

- Labeled site drawing noting the outfall(s) associated with hydrostatic test water discharge(s)
- List of chemical Additives,
- Appropriate Section 404 documentation from U.S. Army Corps of Engineers, or
- Written authorization from the MDEQ, Office of Land and Water, if water withdrawal from surface waters or ground waters is to be used for the testing. For information call the Office of Land and Water at 601/961-5202

ALL REQUESTED INFORMATION MUST BE PROVIDED (Answer "NA" if not applicable)

APPLICANT IS THE: ☒ OWNER ☒ OPERATOR (Must check one or both)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Rebekah Phyfer, Environmental Engineer

OWNER EMAIL ADDRESS: rebekah.phyfer@ergon.com

OWNER COMPANY NAME: Ergon Asphalt & Emulsions, Inc. - Yellow Creek

OWNER STREET (P.O. BOX): PO Box 1639

OWNER CITY: Jackson STATE: MS ZIP: 39180

OWNER PHONE # (INCLUDE AREA CODE): 601-933-3043

m-received via email 4.4.22

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Jimmy Frederick, Facility Manager
OPERATOR EMAIL: mike.white@ergon.com
OPERATOR COMPANY: Ergon Asphalt & Emulsions, Inc. - Yellow Creek
OPERATOR STREET (P.O. BOX): 35 County Road 370, Yellow Creek Port
OPERATOR CITY: Iuka STATE: MS ZIP: 38852
OPERATOR PHONE # (INCLUDE AREA CODE): 6624233689

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Ergon Asphalt & Emulsions, Inc.- Yellow Creek
PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☐ NEW ☒ USED
IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: Asphalt
PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):
STREET: 35 County Road 370, Yellow Creek Port CITY: Iuka
COUNTY: Tishomingo ZIP: 38852
Facility site tribal land ID (NA if not applicable) _____
TYPE OF TREATMENT (IF PROVIDED): _____
SIC Code 5171 NAICS Code 324121

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/or imprisonment for knowing violations.


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

Jake Neihaus

Printed Name

4/1/2022

Date Signed

Environmental Manager

This application shall be signed according to ACT6, T-17 of the General Permit, 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.

HTNOI 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: 03-15-17

OUTFALL INFORMATION

(To be submitted with HTNOI and Major Modification Forms)

INSTRUCTIONS:

- 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).
- All outfalls must be spotted and labeled on a USGS quadrangle map.

OUTFALL NO.	LATITUDE ¹ (deg/min/sec)	LONGITUDE ¹ (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM ²				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? ³		HAS TMDL? ³		New	Used			
					Yes	No	Yes						No
001	34/58/38	88/14/21	Pickwick Lake	Pickwick Lake	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.25		X	4/11/2022	Existing
002					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
003					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
004					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
005					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
006					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
007					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
008					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
009					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
010					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
011					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
012					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Revised: 03/15/17

NOTE: To Comply with EPA's NPDES e-Reporting rule, MDEQ has implemented the use of U.S.EPA's NetDMR for the submittal of DMRs. Permittees required to submit DMRs must submit DMRs electronically using NetDMR. A training video and additional info can be found at <http://bit.ly/2gao6sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette Brocks at 601-961-5252

¹ List the latitude and longitude of its location to the nearest 15 seconds.

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

³ 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



Michael Watson

SECRETARY OF STATE

This is not an official certificate of good standing.

Name History

Name	Name Type
ERGON ASPHALT & EMULSIONS, INC.	Legal
RR&C Protective Coatings	Previous Fictitious Name

Business Information

Business Type:	Profit Corporation
Business ID:	505743
Status:	Good Standing
Effective Date:	09/24/1982
State of Incorporation:	Mississippi
Principal Office Address:	2829 LAKELAND DRIVE JACKSON, MS 39232

Registered Agent

Name
KATHRYN W STONE
2829 LAKELAND DRIVE (FLOWOOD), P O BOX 23028
JACKSON, MS 39225-3028

Officers & Directors

Name	Title
J Baxter Burns II 2829 Lakeland Drive Jackson, MS 39232	Director, President
Robert H. Lampton 2829 Lakeland Drive Jackson, MS 39232	Director
Donald M. Brooks 420 N. Roosevelt Ave. Chandler, AZ 85226-2601	Director, Vice President
Mike Howard 2829 Lakeland Drive Jackson, MS 39232	Vice President
Gaylon Baumgardener 2829 Lakeland Drive	Vice President

Jackson, MS 39232

Steve Adams
2829 Lakeland Drive
Jackson, MS 39232

Vice President

Patrick Nation
2829 Lakeland Drive
Jackson, MS 39232

Vice President

Tim MacDonald
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Vice President

Bill O'Nacki
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Vice President

Gene Arnold
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Vice President

Mark Ishee
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Vice President

Johnny Pyles
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Vice President

Bill Grubba
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Vice President

Drew Brooks
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Vice President

Scott Metcalf
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Vice President

David Brackins
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Vice President

Scott Watson
2829 Lakeland Drive
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Vice President

Larry Tomkins

Vice President

2829 Lakeland Drive
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Larry Erickson
2829 Lakeland Drive
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Vice President

Alan Wall
2829 Lakeland Drive
Jackson, MS 39232

Vice President

John H Wallace
2829 Lakeland Drive
Jackson, MS 39232

Vice President

Christine Osborne
2829 Lakeland Drive
Jackson, MS 39232

Vice President

Kathryn W Stone
2829 Lakeland Drive
Jackson, MS 39232

Secretary, Treasurer

William W Lampton
2829 Lakeland Drive
Jackson, MS 39232

Director, Other, Chairman

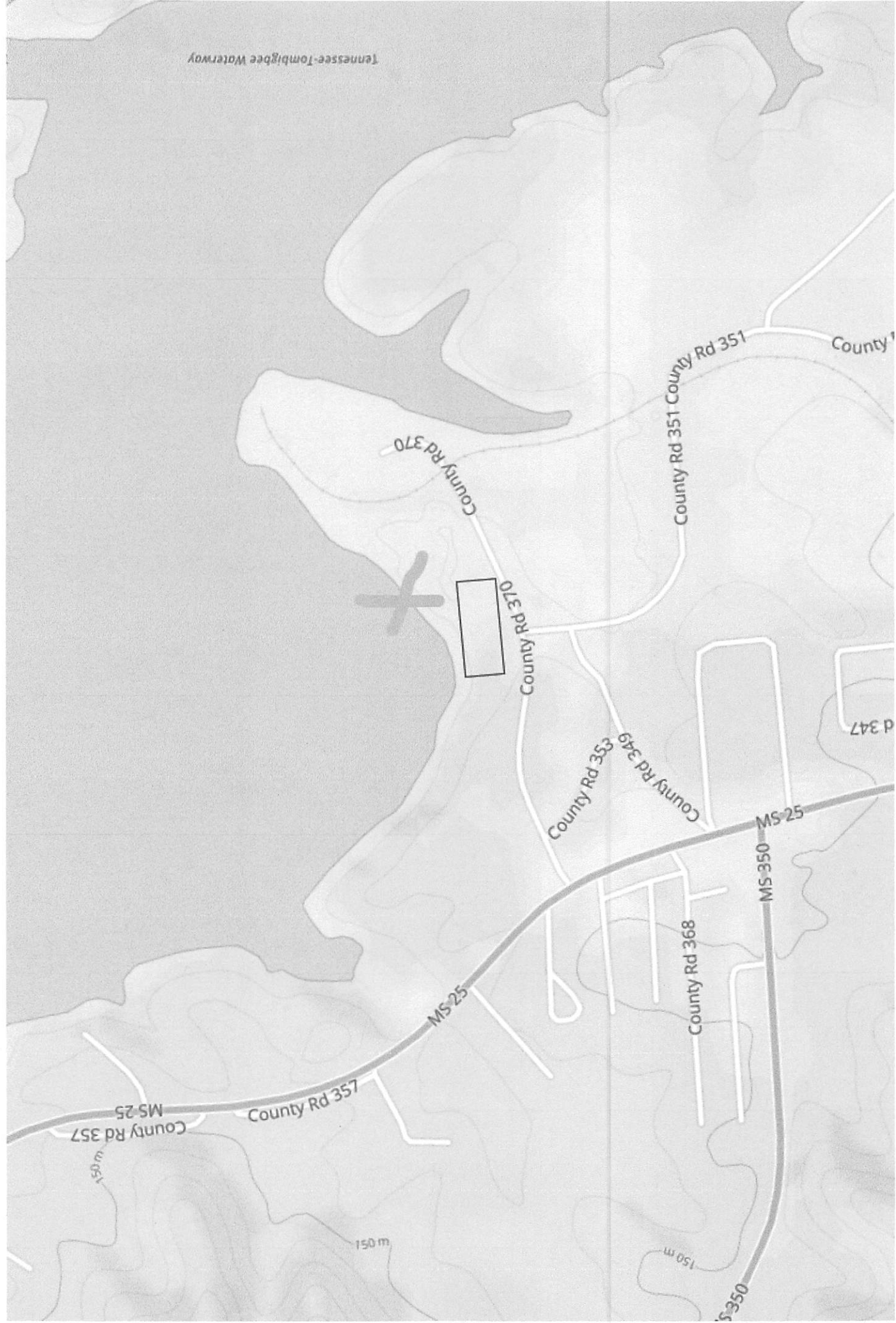
Kris Patrick
2829 Lakeland Drive
Jackson, MS 39232

Vice President

Lance Mazerov
2829 Lakeland Drive
Jackson, MS 39232

Assistant Secretary

Tennessee-Tombigbee Waterway



County

D 347

MS-350

County Rd 368

County Rd 349

County Rd 370

150 m

150 m

150 m

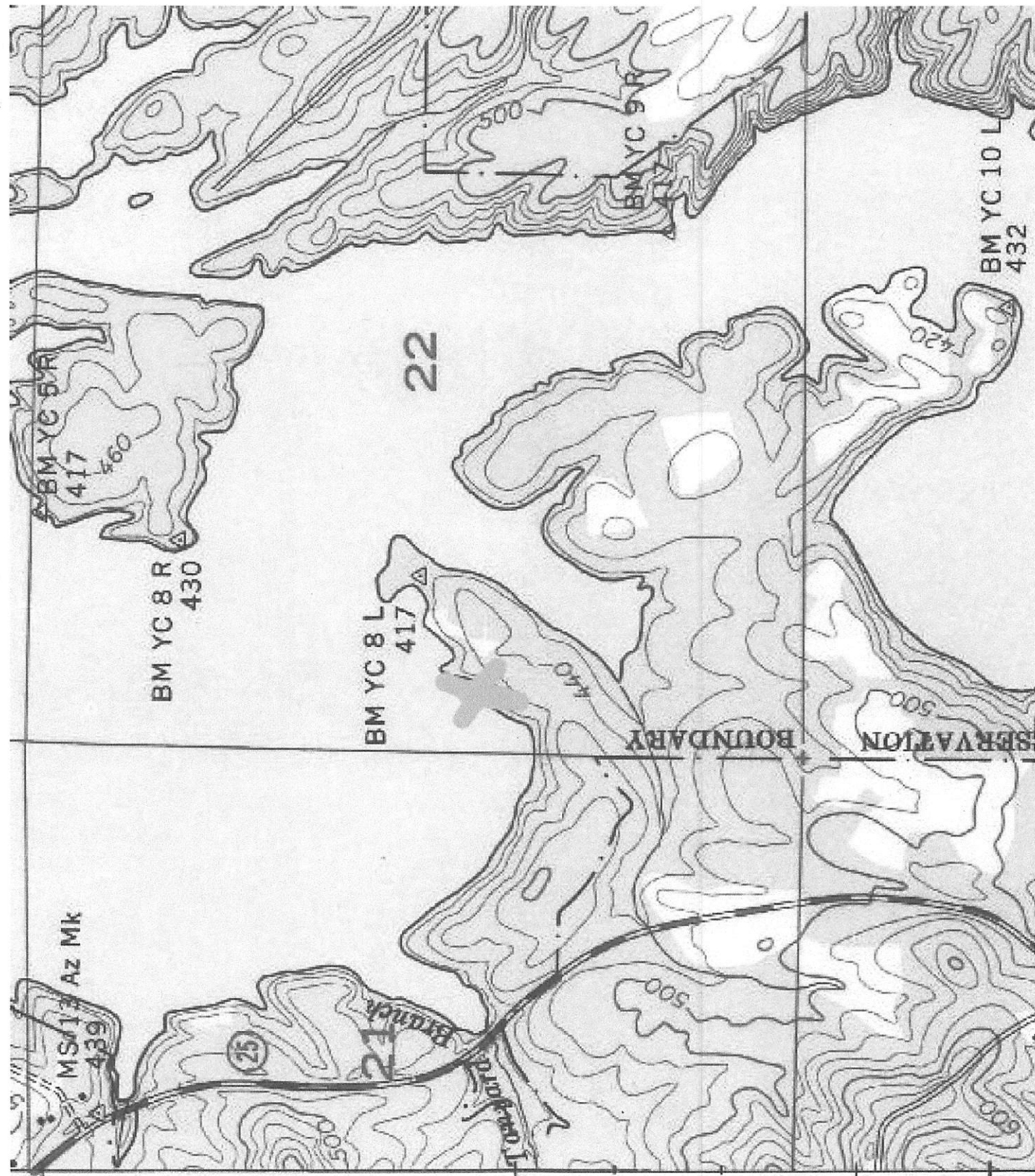
County Rd 357

County Rd 357

MS-25

County Rd 370

County Rd 351



TENN. 220 000 FEET



State of Mississippi

TATE REEVES
Governor

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY CHRIS WELLS, EXECUTIVE DIRECTOR

April 1, 2022

Rebekah Phyfer, CSP
Ergon Asphalt & Emulsions, Inc.
PO Box 1639
Jackson, Mississippi 39215-1639

Re: Request for temporary water withdrawal

Ms. Phyfer:

This letter will serve as authorization from the Mississippi Department of Environmental Quality (MDEQ) for Ergon Asphalt & Emulsions, Inc. to withdraw surface water from Pickwick Lake for the purpose of hydrostatic testing and washing of a tank located in Tishomingo County, Mississippi, subject to the following terms and conditions:

1. The withdrawal point shall be limited to Pickwick Lake at approximately 34.9772°N, -88.2394°W.
2. The withdrawal shall be limited to a maximum pumping rate of **2,680 gpm**. The total cumulative withdrawal volume for the project shall be limited to **3.2 million gallons**.
3. The anticipated date for the withdrawal to begin is **April 11, 2022**. This authorization shall expire on **April 30, 2022**.
4. The intake of the withdrawal pipe or hose must be screened to protect aquatic life.
5. Coverage under the Hydrostatic Test General Permit must be received from MDEQ's Office of Pollution Control prior to withdrawing water for the project.

If you have any questions regarding the authorization or need further assistance, please contact me at (601) 961-5775.

Sincerely,

Chris Hawkins, PE, Chief
Permitting, Certification and Compliance Division



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

**Hydrostatic Test General Permit to Discharge
Hydrostatic Test Water and Storm Water from Construction Activities
NPDES Permit MSG13**

HYDROSTATIC TEST FORMS PACKAGE

- HYDROSTATIC TEST NOTICE OF INTENT (HTNOI).....2
- NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC
TEST WATER4
- MAJOR MODIFICATION FORM5
- REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE
AND/OR NAME CHANGE6
- REQUEST FOR TERMINATION OF COVERAGE8

These standard forms are used to apply for permit coverage under the Hydrostatic Test General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on our website at http://www.deq.state.ms.us/mdeq.nsf/page/epd_epdgeneral. Required information can be completed on screen, saved and/or printed.

Revised: 03/15/17