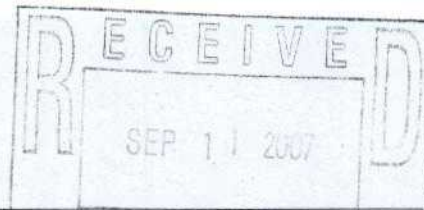


AI #2345
MSG130189
Gnp20070001



Is the applicant the owner or operator? (circle one or both)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Mary E. Hebert Director, Field Compliance MDEQ
OWNER COMPANY NAME: TEPPCO Terminals and Marketing Inc.
OWNER STREET (P.O. BOX): P.O. Box 2521
OWNER CITY: Houston STATE: Texas ZIP: 77252
OWNER PHONE # (INCLUDE AREA CODE): 713-880-6518

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Rory Hebert
OPERATOR COMPANY: TEPPCO Products Pipeline LLC
OPERATOR STREET (P.O. BOX): P.O. Box 2521
OPERATOR CITY: Houston STATE: Texas ZIP: 77210
OPERATOR PHONE # (INCLUDE AREA CODE): 225-381-3459

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: TEPPCO Aberdeen Terminal
SIC Code: 5 1 7 1
IF IT IS AN EXISTING PIPELINE, STORAGE TANK AND FLOWLINE, PLEASE IDENTIFY THE RAW MATERIAL OR PRODUCT CONTAINED IN THE VESSEL PRIOR TO THE TEST? Unleaded Gasoline and Ultra Low sulfur diesel
ACREAGE DISTURBED: N/A. THIS IS APPLICABLE IF REGULATED LAND DISTURBING ACTIVITIES ARE TO TAKE PLACE. A CONSTRUCTION STORM WATER POLLUTION PREVENTION PLAN MUST BE ATTACHED IF DISTURBING FIVE ACRES OR MORE.
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD - FOR LINEAR PROJECTS INDICATE BEGINNING OF PROJECT):
STREET: 20096 Norm Connell Drive CITY: Aberdeen
COUNTY: Monroe ZIP: _____
NEAREST NAMED RECEIVING STREAM(S): _____
TYPE OF TREATMENT (IF PROVIDED): _____

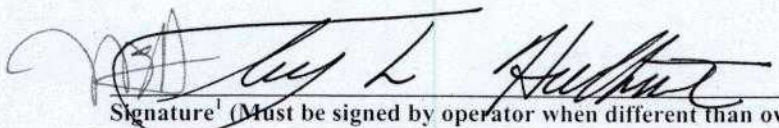
OUTFALL INFORMATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds, what method of location determination (GPS, interpolation – map, etc.), source (fill water), the name of the nearest named receiving water, the total discharge, and identify whether the hydrostatic test will be conducted on used or new pipe or vessels (attach additional sheets if necessary). All outfalls must be outlined and labeled on a USGS quadrangle map. Please number test sites/outfalls sequentially (001, 002, etc.)

[illegible]

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/or imprisonment for knowing violations.


Signature¹ (Must be signed by operator when different than owner)

8/29/2007

Date Signed

Terry L. Hurlburt

Printed Name

Senior Vice President - Operations

Title

¹This application shall be signed according to 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 10385
Jackson, Mississippi 39289-0385

September 2006