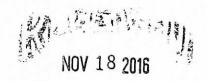


THE APPLICANT IS:





✓ OPERATOR (PLEASE CHECK ONE OR BOTH)

## BASELINE NOTICE OF INTENT (BNO

## FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 2 0

#### 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)

**✓** OWNER

OWNER	INFORMATION	<u> </u>
Owner Contact Name: Warren Fusilier	Position: Director, E&RC	
Owner Company Name: Plains Pipeline, LP		
Owner Street (P.O. Box): P. O. Box 4648		
Owner City: Houston	State: TX	<b>Zip:</b> 77210
Owner Phone Number: (713 ) 6464515	Owner Email: wdfusilier@paalp.o	com

OPERATOR INFORMATION (if different than owner) Operator Contact Name: Jared Slade Position: District Manager Operator Company Name: Plains Pipeline, LP Operator Street (P.O. Box): 82 Hess Road State: MS Zip: 39455 Operator City: Lumberton Operator Phone Number: (601) 7965650 Operator Email: jlslade@paalp.com

### **FACILITY INFORMATION**

Facility Name: Lumberton Station				
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):  SIC Code: 4 6 1 2 Crude oil transmission by pipeline				
Receiving Stream: Outfall 002-Q, Y; thence, an unnamed intermittent tributary; thence, to Red Creek.				
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: 82 Hess Road City: Lumberton	1			
County: Lamar Zip: Zip: Zip:	<b>Zip:</b> 39402			
Latitude: 31 degrees 01 minutes 55 seconds Longitude: -89 degrees 2	6 minutes 50 seconds			
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS of plant entrance				
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 Volume 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 t	hat will require other permits?	✓ Yes	□No
If yes, check which one(s):  ☑ Individual NPDES, or li	☑ Air, ☐ Hazardous Waste, ☐ Ist Other(s):	Pretreatment	, Water State Operating,
Air-State Operating #1440	0-00005, NPDES #MS0050644		
How will sanitary sewage b	e collected and treated? Individua	l Aerobic Sy	estem, Lamar County Permit
Indicate any local storm wa	ater ordinance with which the facili	ty must com	ply and submit any documentation of
Not Applicable			
Is treatment of storm wate	r provided at any outfall?	□Yes	☑ No
If yes, please describe: _			
	CERTIFICAT	CION	
accordance with a system desig submitted. Based on my inquir gathering the information, the i	nat this document and all attachments of the description of the person or persons who manage of the person submitted is to the best of the penalties for submitting false information submitted.	were prepared properly gathe the system, o my knowledge	ered and evaluated the information or those persons directly responsible for and belief, true, accurate and complete. I
QQ;			11-16-16
Signature <sup>1</sup> (Must be signed by o	perator when different than owner)		Date Signed
W. Dean Gore Printed Name <sup>1</sup>			Vice President, E&RC Title
<ul> <li>For a corporation, by a re</li> <li>For a partnership, by a ge</li> <li>For a sole proprietorship,</li> </ul>			
After signing please mail to:	Chief, Environmental Permits Divis MS Department of Environmental ( P.O. Box 2261 Jackson, MS 39225		of Pollution Control