

AI #2287
GMP20200001



RECEIVED
OCT 01 2020
BY: _____

BASELINE NOTICE OF INTENT (BNOI)
FOR COVERAGE UNDER THE BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 2424
(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: <u>Clayton Reid</u>	Position: <u>Envr. Coord.</u>
Owner Company Name: <u>TransMontaigne Operating Company L.P.</u>	
Owner Street (P.O. Box): <u>1670 Broadway Suite 3100</u>	
Owner City: <u>Denver</u>	State: <u>CO</u> Zip: <u>80202-4824</u>
Owner Phone Number: <u>(303) 626-8200</u>	Owner Email: <u>creid@transmontaigne.com</u>

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____	Position: _____
Operator Company Name: _____	
Operator Street (P.O. Box): _____	
Operator City: _____	State: _____ Zip: _____
Operator Phone Number: (____) _____	Operator Email: _____

HR

FACILITY INFORMATION

Facility Name: TransMontaigne Greenville Harbor Front Terminal

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 4 2 2 6 Bulk Storage / Warehousing

Receiving Stream: 001: unnamed ditch to City of Greenville's storm water system

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: 2081 Harbor Front Road

City: Greenville

County: Washington

Zip: 38701

Latitude: 33 degrees 22 minutes 06 seconds

Longitude: 91 degrees 05 minutes 44 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS

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 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 that 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):

Hydrostatic Discharge

How will sanitary sewage be collected and treated? City of Greenville Dept. of Public Works

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

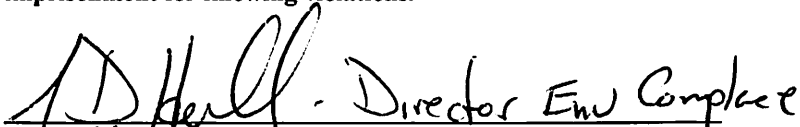
None

Is treatment of storm water provided at any outfall? 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

for  - Director Env Compliance
 Signature¹ (Must be signed by operator when different than owner)

9/29/2020
 Date Signed

Dudley Tarlton
 Printed Name¹

V.P. ESOH
 Title

¹This 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

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Partnership ACT to be filed in my office do hereby certify that:

TRANSMONTAIGNE OPERATING COMPANY L.P.

Registered the 21st day of November, 2006

A Delaware Limited Partnership has filed the necessary documents in this office and has obtained a certificate of registration to do business in this State, under the provisions of The Mississippi Limited Partnership Act as shown by the records in this office.

I further certify that said Limited Partnership has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designated its agent and/or attorney for service of process in this State.

Cogency Global Inc.
248 E CAPITOL STREET, SUITE 840
JACKSON, MS 39201

I further certify that said Limited Partnership has paid the fees for filing the above papers as required by law as shown by the records of this office and that said partnership is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 9th day of October, 2019

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19072351

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>