



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 0 4 10

(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 and storm water associated with land disturbing activities of one (1) acre or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than one (1) acre but will ultimately disturb one (1) or more acres. 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. <u>Discharge of hydrostatic test</u> water or storm water from regulated construction activities without written notification of coverage is a violation of state law.

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:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT8 of the General Permit, if the project includes regulated construction activity disturbing five (5) acres or more
- · A description of proposed water treatment additives as outlined in ACT4, S-4 of the General Permit
- · Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- 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 bo | th) |
|------------------------|-------------------|-----------------------|-----------------------|-----|
| | OWY | NER INFORMATION | | |
| OWNER CONTACT NAME & | & POSITION: Brad | Adams, Plant Manager | | |
| OWNER COMPANY NAME: | Scott Petroleum C | orporation | | |
| OWNER STREET (P.O. BOX | : 942 North Broad | way Street | | |
| OWNER CITY: Greenville | | s | TATE: MS ZIP: 38 | 701 |
| OWNER PHONE # (INCLUD | EAREA CODE). (6) | 62) 334-1312 ext. 102 | | |

| OPERATOR INFORMA | THON |
|--|---|
| OPERATOR CONTACT NAME & POSITION: Brad Adams, Plan | nt Manager |
| OPERATOR COMPANY: Scott Petroleum Corporation | |
| OPERATOR STREET (P.O. BOX): 942 North Broadway Street | |
| OPERATOR CITY: Greenville | STATE: MS ZIP: 38701 |
| OPERATOR PHONE # (INCLUDE AREA CODE): (662) 334-131. | |
| FACILITY/PROJECT INFO | RMATION |
| FACILITY/PROJECT NAME: Scott Petroleum Corp Testing | Γanks 2, 9, and 103 SIC Code: 5 1 7 1 |
| PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: | NEW USED |
| IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: | N/A |
| IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCC (NOTE: A construction SWPPP must be attached with this HTNOI, it | |
| PHYSICAL SITE ADDRESS (If not available, indicate nearest named | road. Linear projects indicate beginning of project): |
| STREET: 942 North Broadway Street | CITY: Greenville |
| COUNTY: Washington | ZIP: 38701 |
| TYPE OF TREATMENT (IF PROVIDED): N/A | |
| I certify under penalty of law that this document and all attachments were preparagrated designed to assure that qualified personnel properly gathered and evaluate person or persons who manage the system, or those persons directly responsible for the best of my knowledge and belief, true, accurate and complete. I am aware that information, including the possibility of fines and/or imprisonment for knowing versions. | ed the information submitted. Based on my inquiry of the or gathering the information, the information submitted is, to at there are significant penalties for submitting false |
| Signature (Must be signed by operator when different than owner) | Date Signed |
| Brad Adams | Plant Manager |
| Printed Name | Title |
| This application shall be signed according to ACT12, T-7 of the General 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 | |
| HTNOI forms must be submitted to: Chief, Environmental Permi | ts Division |

Chief, Environmental Permits Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 06/01/11

OUTFALL INFORMATION

(To be submitted with HTNOI and Major Modification Forms)

INSTRUCTIONS:

- 1. 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 Majar Modification Form).
- 2. All outfalls must be spotted and labeled on a USGS quadrangle map.

| OUTALL NO. | | 1 | | NEAREST RECEIVING STREAM ² | | | | | | STATUS OF | | | |
|---------------|--------------|--------------------------------------|--------------------|---------------------------------------|------------------------------|---|-------------------------------------|---|--------------------------------------|--|----------------|----------------------------------|---|
| | | LONGITUDE ¹ (deg/min/sec) | | NAME | ON MDEQ 303(D) LIST? 3 | | HAS TMDL? ³ Yes No | | EST. TOTAL DISCHARGE (MIL GAL) | TANK, PIPELINE, FLOWLINE ETC. New Used | | EXPECTED TEST DATE(S) (mm/dd/yr) | INDICATE WHETHER OUTFALL IS NEW OF EXISTING |
| 001 | 33 25'33.80" | 91 02'52.06" | City of Greenville | Greenville Main Can <mark>a</mark> l | | 1 | | 1 | 1.8 | 1 | | 1/6/2013 | Existing |
| 002 | | | | | | | | | | | | | |
| 003 | | | HAE HELD | | | | | | | | | | |
| 004 | | | | | | | | 1 | | | | | |
| 005 | | | | | | | | | | | | | |
| 006 | | | | | | | | | | | | | |
| 007 | | | | | | | | | | | | | |
| 008 | | | | | | | | | | | | | |
| 009 | | | | | | | | | AS DEPEND | | | | |
| 010 | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | Manage and the | | |
| 012 | | | | | | | | | | | i | | |

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

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

MDEQ's 303(d) List of Impaired Water Bodies and approved TMDLs can be found at: http://www.deq.state.ms.us/MDEQ.nst/page/TWB_Total_Maximum_Daily_Load_Section