

THE APPLICANT IS:





BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 3 9 7

(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.

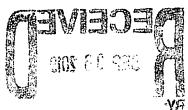
Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at 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)

✓ OWNER ✓ OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION		
Owner Contact Name: Clayton Reid	Position: Envr. Coor	d
Owner Company Name: TransMontaigne Operating Company L.P.		
Owner Street (P.O. Box): 1670 Broadway Suite 3100		
Owner City: Denver Sta	te: <u>CO</u> Zip : <u>8020</u>	02-4824
Owner Phone Number: (303) 626-8200 Owner Email: creid@transmontaigne.com		





FACILITY INFORMATION

Facility Name: TransMontaigne Collins Piedmont #1 (Injection)			
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):			
SIC Code: 4 2 2 6 Bulk Storage / Warehousing			
Receiving Stream: Both Outfalls discharge to an unnamed ditch, which then flows to Okatoma 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: 135 Highway 588 City: Collins			
County: Covington Zip: 39428			
Latitude: 31 degrees 38 minutes 27 seconds Longitude: 89 degrees 31 minutes	utes <u>07</u> seconds		
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation):			
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?			

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?	□No
If yes, check which one(s): ☐ Air, ☐ Hazardous Waste, ☐ Pretreatme ☐ Individual NPDES, or list Other(s):	nt, Water State Operating,
Hydrostatic Discharge	
How will sanitary sewage be collected and treated? Portable, no facilities	es
Indicate any local storm water ordinance with which the facility must coapproval.	mply and submit any documentation of
None	
Is treatment of storm water provided at any outfall?	□No
If yes, please describe: During storm events, storm water runoff from	n the pump pad area and tank dike
area of 5960, 5965, and 5966 is routed thru the oil/water separator	and then discharged thru Outfall 001.
area of 3700, 3703, and 3700 is foured that the one water separator.	and then disentinged that e distant e e 2.
CERTIFICATION	
I certify under penalty of law that this document and all attachments were preparaccordance with a system designed to assure that qualified personnel properly gas submitted. Based on my inquiry of the person or persons who manage the system gathering the information, the information submitted is to the best of my knowled am aware that there are significant penalties for submitting false information, incimprisonment for knowing violations.	thered and evaluated the information , or those persons directly responsible for ge and belief, true, accurate and complete. I
Thuch	5 Sep 2019
Signature (Must be signed by operator when different than owner)	Date Signed
Dudley Tarlton	V.P. ESOH
Printed Name ¹	Title
 This application shall be signed according to the General Permit, ACT 14, T-9, a 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, 	

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