

AI: 12057
MSG130673



Rec'd via email: 03/03/2026

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0673

(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. 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. Discharge of hydrostatic test water without written notification of coverage is a violation of state law.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and /or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: N/A
NOTE: If disturbing five (5) acres or more, a stormwater construction coverage is required.

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:

- Labeled site drawing noting the outfall(s) associated with hydrostatic test water discharge(s)
- List of chemical Additives,
- Appropriate Section 404 documentation from U.S. Army Corps of Engineers, or
- 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 both)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Stephen Warner

OWNER EMAIL ADDRESS: stephen.warner@ergon.com

OWNER COMPANY NAME: Ergon Refining Inc, Fuels Terminal

OWNER STREET (P.O. BOX): 1585 Haining Road

OWNER CITY: Vicksburg STATE: MS ZIP: 39183

OWNER PHONE # (INCLUDE AREA CODE): 601-630-8318



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13 _____) COUNTY: Warren

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS



COVERAGE RECIPIENT INFORMATION

COMPANY NAME: Ergon Refining Inc, Fuels Terminal
CONTACT PERSON: April Harber CONTACT'S PHONE NUMBER: (601) 630-8379
PROJECT NAME: T-419 OUTFALL NUMBER(S): 002
DIRECTIONS TO OUTFALL: 1585 Haining Road, Vicksburg, MS, 39183
DISCHARGE START DATE: 03/18/2026 DISCHARGE START TIME: 03/18/2026 DISCHARGE DURATION (hours): 12-24

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.

Authorized Signature: [Signature]
Stephen Warner
Printed Name

Date: 3/3/26
VP-Refining
Title

Submit this form to:

Chief, Environmental Compliance and Enforcement Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 3-15-17

1 This form shall be submitted with an original signature by an authorized individual in accordance with ACT 12, T-7 or T-8 of the General Permit.

OUTFALL INFORMATION
(To be submitted with HTNOI and Major Modification Forms)

INSTRUCTIONS:

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

OUTFALL NO.	LATITUDE ¹ (deg/min/sec)	LONGITUDE ¹ (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM ²				EST. TOTAL DISCHARGE (MIL GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC.		EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING	
				NAME	ON MDEQ 303(D) LIST? ³		HAS TMDL? ³		New	Used			
					Yes	No	Yes						No
001													
002	32/23/17	90/53/27	City Supply	Yazoo Diversion Canal		✓	✓			X	03/18/2026	Existing	
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

Revised: 03/15/17

NOTE: To Comply with EPA's NPDES e-Reporting rule, MDEQ has implemented the use of U.S. EPA's NetDMR for the submittal of DMRs. Permittees required to submit DMRs must submit DMRs electronically using NetDMR. A training video and additional info can be found at <http://bit.ly/2ga06sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette Brocks at 601-961-5252

¹ List the latitude and longitude of its location to the nearest 15 seconds.

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

³ MDEQ's 303(d) List of Impaired Water Bodies and approved TMDLs can be found at: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Stephen Warner

OPERATOR EMAIL: stephen.warner@ergon.com

OPERATOR COMPANY: Ergon Refining Inc, Fuels Terminal

OPERATOR STREET (P.O. BOX): 1585 Haining Road

OPERATOR CITY: Vicksburg STATE: MS ZIP: 39183

OPERATOR PHONE # (INCLUDE AREA CODE): 601-630-8318

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Ergon Refining Inc, Fuels Terminal

PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: NEW USED

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: Slop Oil

PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):

STREET: 1585 Haining Rd CITY: Vicksburg

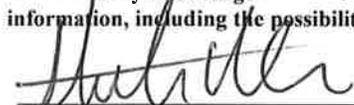
COUNTY: Warren ZIP: 39183

Facility site tribal land ID (NA if not applicable) N/A

TYPE OF TREATMENT (IF PROVIDED): Chemical Dechlorination (Sodium Bisulfite)

SIC Code 5171 NAICS Code _____

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)
Stephen Warner
 Printed Name

3/3/26
 Date Signed
VP-Refining
 Title

¹This application shall be signed according to ACT6, T-17 of 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 2261
Jackson, Mississippi 39225