

AE #169  
BRP20120001

MAJOR MODIFICATION FORM  
FOR HYDROSTATIC TEST  
GENERAL PERMIT MSG13

RECEIVED

JUL 26 2012



Dept. of Environmental Quality

INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to include additional outfall(s) or to change the location of existing outfall(s), to utilize new or different water treatment additives, or to expand the acreage or "footprint" of an existing project. This form must be submitted when any of the following activities is/are being proposed (check all that apply).

- Applicant requests additional discharge outfall(s) and/or relocation of existing outfall(s). Amend and submit Outfall Information Form included in with the previous HTNOI or last Major Modification Form, using the next available outfall number.
- Applicant requests to utilize new or different water treatment chemicals from what was proposed in the original HTNOI.
- Applicant requests to utilize as source water a different water of the State than what was originally proposed and approved by the Office of Land and Water (attach new approval).
- Applicant requests "footprint" identified in the original HTNOI to be enlarged (if modification impacts wetlands, attach Corps of Engineers' Section 404 documentation).

A modified SWPPP and updated USGS topographic map must be attached if an enlargement of the original footprint or rerouting of the original project is proposed. Additions or relocations of existing outfalls must also be located on the topographic map. This form must be signed by the current coverage recipient under Mississippi's Hydrostatic Test General Permit. A different operator must have general permit coverage transferred prior to coverage being modified. Coverage recipients are authorized to implement the proposed modifications, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

PROJECT INFORMATION

HYDROSTATIC TEST GENERAL PERMIT COVERAGE NUMBER:

MSG13 0 0 2 6

PROJECT NAME: TransMontaigne Collins Piedmont #1 Terminal

CITY: Collins

COUNTY: Covington

ADDITIONAL ACREAGE TO BE DISTURBED: NA

TOTAL DISTURBED ACREAGE: NA

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: Barbara Castleberry, Envir. Coordinator

COMPANY NAME: TransMontaigne Operating Co. L.P.

STREET OR P.O. BOX: 200 Mansell Court East Suite 600

CITY: Roswell

STATE: GA

ZIP: 30076

PHONE # (INCLUDE AREA CODE): 770-518-3671

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.

Dudley Tarlton  
Signature (must be signed by coverage recipient)

24 July 2012  
Date

Dudley Tarlton  
Printed Name

V.P. ESOH  
Title

Please submit this form to:

Chief, Environmental Permits Division  
MS Department 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 Major Modification Form).
2. All outfalls must be spotted and labeled on a USGS quadrangle map.

OUTFALL NO.	LATITUDE <sup>1</sup> (deg/min/sec)	LONGITUDE <sup>1</sup> (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM <sup>2</sup>				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? <sup>3</sup>		HAS TMDL? <sup>3</sup>		New	Used			
					Yes	No	Yes						No
001	31 38 20 N	89 31 09 W	City	Okatoma Creek		✓		✓		✓	✓	Varies*	Existing
002	31 38 34 N	89 31 07 W	City	Okatoma Creek		✓		✓		✓	✓	Varies*	New
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

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<sup>1</sup> List the latitude and longitude of its location to the nearest 15 seconds.

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

<sup>3</sup> 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](http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)