





BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 2 7 1

(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:	✓ OPERATOR (PLEASE CHECK ONE OR BOTH)
7		
_	OWNER	RINFORMATION
	Owner Contact Name: Ken L. Brinegar, Jr.	Position: Director-Operations
	Owner Company Name: Kinder Morgan, Inc.	
	Owner Street (P.O. Box): 1000 Windward Conce	
	Owner City: Alpharetta	State: <u>GA</u> <u>Zip: 30005</u>
		Owner Email: Ken Brinegar@kindermorgan.com
	OPERATOR INFOR	MATION (if different than owner)
		Position:
		State:Zip:
	Operator Phone Number: ()	Operator Email:

FACILITY INFORMATION

`	Facility Name: Plantation Pipe Line Company - Collins Terminal			
	Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and descri SIC Code: 4 6 1 3 Refined Petroleum Product Pipelines	ption):		
	Receiving Stream: Unnamed tributary 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: 356 MS Highway 588 East City: Collins			
	County: Covington Zip: 39428			
1	Latitude: 31 degrees 38 minutes 24 seconds Longitude: 89 degrees 31 minutes	tes 11 seconds		
	Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): 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 amount if yes, please attach a list of water priority chemicals present at the facility.	nts? □Yes ☑No		

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?				
If yes, check which one(s): ☑ Air, ☐ Hazardous Waste, ☐ Pretreatment, ☐ Water State Operating, ☐ Individual NPDES, or list Other(s):				
Hydrostatic Test General Permit, Mississippi Surface Water Withdrawal Permit, Title V Operating Permit				
How will sanitary sewage be collected and treated? Sanitary sewage is routed to on-site septic tanks.				
Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.				
NA ·				
Is treatment of storm water provided at any outfall?				
If yes, please describe: 002 & 004 - Underflow baffle/overflow pipe;				
003 - Underflow baffle/overflow pipe & oil/water separator; 005 - Vertical pipe & oil/water separator				
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.				
Fin L. Brinegar 3/15/19				
Signature (Must be signed by operator when different than owner) Date Signed				
Signature (Must be signed by operator when different than owner) Date Signed				
Signature¹ (Must be signed by operator when different than owner) Date Signed				
Ken L. Brinegar Director-Operations				

P.O. Box 2261 Jackson, MS 39225

MS Department of Environmental Quality, Office of Pollution Control