

FACILITY INFORMATION

Facility Name: TransMontaine Meridian Terminal

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 4 2 2 6 Bulk Storage / Warehousing

Receiving Stream: All discharges flow to an unnamed ditch to Okatibbee 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: 1401 65th Avenue South City: Meridian

County: Lauderdale Zip: 39307

Latitude: 32 degrees 20 minutes 55 seconds Longitude: 88 degrees 44 minutes 40 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS

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? Yes No
If yes, please attach a list of water priority chemicals present at the facility.

**DOCUMENTATION OF COMPLIANCE WITH OTHER
REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits? Yes No

If yes, check which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating,
 Individual NPDES, or list Other(s):

Hydrostatic Discharge

How will sanitary sewage be collected and treated? City of Meridian Dept. of Public Works

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

None

Is treatment of storm water provided at any outfall? Yes No

If yes, please describe: _____

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.



Signature¹ (Must be signed by operator when different than owner)

28 Aug 2019

Date Signed

Dudley Tarlton

Printed Name¹

V.P. ESOH

Title

¹This application shall be signed according to the General Permit, ACT 14, T-9, 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.

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