HIL 4039





### HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

# FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 5 9 4

(Number to be assigned by MDEQ)

(Frames to be assigned by Frame Q)
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: 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:
<ul> <li>Labeled site drawing noting the outfall(s) associated with hydrostatic test water discharge(s)</li> <li>List of chemical Additives,</li> <li>Appropriate Section 404 documentation from U.S. Army Corps of Engineers, or</li> <li>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</li> </ul>
ALL REQUESTED INFORMATION MUST BE PROVIDED (Answer "NA" if not applicable)
ADDITION TO THE CONTROL OF THE CONTR
APPLICANT IS THE: OWNER OPERATOR (Must check one or both)
OWNER INFORMATION
OWNER CONTACT NAME & POSITION: Jake Neihaus Environmental Manager

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Jake Neihaus Environmental Manager

OWNER EMAIL ADDRESS: jake.neihaus@ergon.com

OWNER COMPANY NAME: Ergon Biofuels, LLC

OWNER STREET (P.O. BOX): 1833 Haining Road

OWNER CITY: Vicksburg STATE: MS ZIP: 39180

OWNER PHONE # (INCLUDE AREA CODE): 601-933-3123

#### **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.

GERTAL SALE		Description of the		NEAREST RECE			STATUS OF		AND RESERVED	The second second			
OUTALL	LATITUDE 1	LONGITUDE 1	SOURCE OF		ON MDEQ 303(D) LIST? 3		HAS TMDL?3		EST. TOTAL DISCHARGE	TANK, PIPELINE, FLOWLINE ETC.		EXPECTED TEST DATE(S)	INDICATE WHETHER OUTFALL IS NEW OF
NO.	(deg/min/sec)	(deg/min/sec)	FILL WATER	NAME	Yes	No	Yes	No	(MIL GAL)	New	Used	(mm/dd/yr)	EXISTING
001	32 23 16	90 53 38	City water	Vicksburg Harbour to Yazoo River		✓		1	0.035		Х	Unknown	Existing
002	32 23 14	90 53 50	City water	Vicksburg Harbour to Yazoo River		<b>√</b>		<b>1</b>	0.035		х	Unknown	Existing
003										v			
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 <a href="http://bit.ly/2gao6sW">http://bit.ly/2gao6sW</a>. For additional information about NetDMR, please send an email to <a href="http://bit.ly/2gao6sw">netdmrhelp@mdeq.ms.gov</a> or contact Annette Brocks at 601-961-5252

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

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

<sup>&</sup>lt;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

OPERATOR INFORMATION								
OPERATOR CONTACT NAME & POSITION: Same as above								
OPERATOR EMAIL:								
OPERATOR COMPANY:								
OPERATOR STREET (P.O. BOX):								
OPERATOR CITY:	STATE:ZIP:							
OPERATOR PHONE # (INCLUDE AREA CODE):								
FACILITY/PROJECT INFORMATION								
FACILITY/PROJECT NAME: Ergon Biofuels, LLS								
PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS:	■ NEW ■ USED							
IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: _								
PHYSICAL SITE ADDRESS (If not available, indicate nearest named a STREET: 1833 Haining Road								
STREET: 1833 Haining Road COUNTY: Warren	<sub>ZIP:</sub> 39180							
Facility site tribal land ID (NA if not applicable)								
TYPE OF TREATMENT (IF PROVIDED):								
SIC Code 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.								
Galler &	12/2/2021							
Signature (Must be signed by operator when different than owner)  Jake Neihaus	Date Signed Evironmental Manager							
Printed Name	Title							

<sup>1</sup>This application shall be signed according to ACT6, T-17 of the General Permit, as follows:

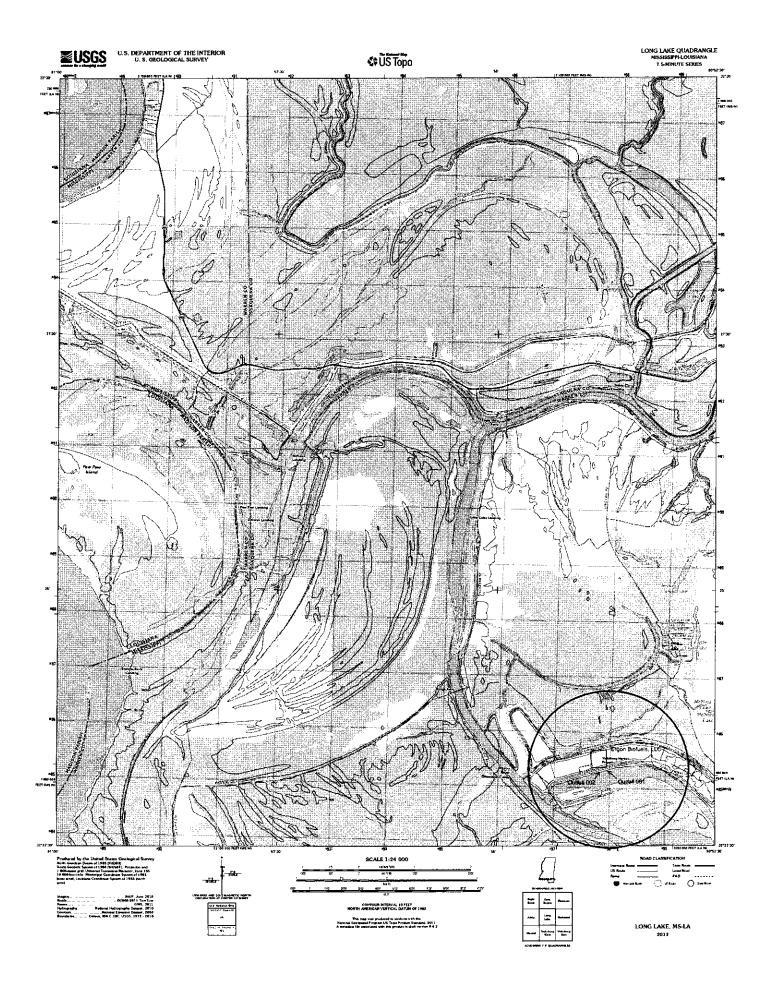
- · For a corporation, by a responsible corporate officer.
- · For a partnership, by a general partner.
- · For a sole proprietorship, by the proprietor.
- · For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

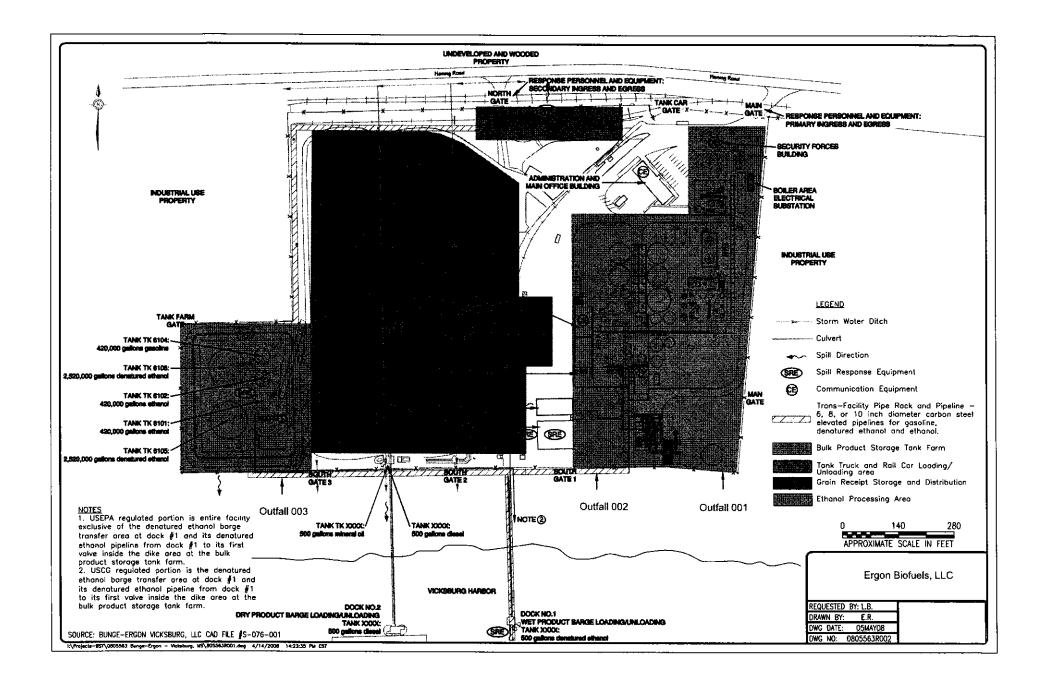
HTNOI forms must be submitted to: Chief, Environmental Permits Division

MS Dept of Environmental Quality, Office of Pollution Control

P.O. Box 2261

Jackson, Mississippi 39225





MS G 130594

## Ei Ergon BioFuels, LLC

CERTIFIED MAIL - 7018 3090 0001 5843 4513

December 14, 2021

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

Re: Hydrostatic Test Notice of Intent

To Whom It May Concern:

Please find enclosed the Hydrostatic Test Notice of Intent for the Ergon Biofuels, LLC facility located in Vicksburg, MS. There are currently no active operations at the facility, however we are planning to test equipment for the potential sell of assets.

If you have any questions or need additional information, please contact me using the information below.

Sincerely,

Rebekah Phyfer

Ergon Biofuels, LLC

Environmental Engineer

Office: 601.933.3043 Fax: 601.933.3369 Rebekah.Clarke@ergon.com

Attachment

CC:

Craig Busbea – EBF, File (113-E-02-13)