DTE PetCoke, LLC



MDEQ

April 13, 2020

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

RE: General NPDES Permit NSR001697 Renewal Application DTE Petcoke, LLC Vicksburg, MS

Dear Sir/Madam:

Enclosed please find a Baseline Notice of Intent (BNOI) for purposes of renewing coverage for DTE Petcoke, LLC under General NPDES Permit MSR001697. All operations remain as previously permitted and this is being submitted for continued operation only.

If you have any questions concerning this submittal, please contact me at nicholas diedrich@dteenergy.com or (734) 302-5392.

Sincerely,

DTE Peteoke, LLC

Nick Diedrich, P.E.

Principal Environmental Engineer

Enclosure



BASELINE NOTICE OF INTENT (BNOD)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 1 6 9 7 (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: OWNER OPERATOR (PLEASE CHECK ONE OR BOTH)

INFORMATION
Position: Director
Suite 600
State: MI Zip: 48104
Owner Email: christopher.berkimer@dteenergy.com

OPERATOR INFORMATION (if different than owner)						
Operator Contact Name: Christopher Bermiker	*	_Position:	Director			
Operator Company Name: <u>DTE Petcoke L.L.C.</u>						
Operator Street (P.O. Box): 745 Industrial Drive						
Operator City: Vicksburg	State: MS	Zip:	38183			
Operator Phone Number: (734) 302.4839	Operator Email: christop	her.berkin	ner@dteenergy.com			

Page 1 of 3

FACILITY INFORMATION

Facility Name: DTE Petcoke, L.L.C.							
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):							
SIC Code: 2 9 9 9 Petroleum and Petroleum Products, Not Elsewhere Classified							
Receiving Stream: Yazoo Diversion Canal							
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: 745 Industrial Drive City: Vicksburg	· · · · · · · · · · · · · · · · · · ·						
County: Warren Zip: 38183							
Latitude: 32 degrees 23 minutes 49 seconds Longitude: 90 degrees 54 minu	tes 46 seconds						
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Google Earth, Entrance							
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 Ives, please attach a list of water priority chemicals present at the facility.							

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Ł				_				
	Is this notice for a facility that will require	other permits?	□Yes	☑ No				
	If yes, check which one(s): ☐ Air, ☐ Haz☐ Individual NPDES, or list Other(s):	ardous Waste, 🔲 F	retreatment,	-	erating,			
	How will sanitary sewage be collected and	How will sanitary sewage be collected and treated? City of Vicksburg WWTP						
	Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.							
	N/A							
	Is treatment of storm water provided at any		□Yes	☑ No				
	If yes, please describe:		-	· · · · · · · · · · · · · · · · · · ·				
		CERTIFICATI	ON					
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.								
_	Signature (Must be signed by operator when diffe			7-24-2n				
S	Signature' (Must be signed by operator when diffe	rent than owner)	Di	7-24-20 ate Signed	*			
P	Christopher Berkimer Printed Name!		Ť	Director				
	This application shall be signed according to the C - For a corporation, by a responsible corporate - For a partnership, by a general partner For a sole proprietorship, by the proprietor For a municipal, state or other public facility,	officer.	14, T-9, as follo	ows:	ed official.			
A	After signing please mail to: Chief, Environme	ental Permits Division of Environmental Qu	ı					
		Page 3 of 3			Revised: 11/10/15			