



Shell Oil Products US

Collins Terminal
PO Box 1115
Collins, MS 39428

UPS# 1Z759594NT97659520

May 7, 2020

Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
Office of Pollution Control
515 East Amite Street
Jackson, MS 39201

**Re: Notice of Intent for Coverage Under Hydrostatic Test General Permit
Shell Oil Products US, Collins Terminal, Agency Interest No. 1358**

Dear Madam or Sir:

Enclosed is a Hydrostatic Notice of Intent (NOI) to obtain authorization to discharge water from Tank 3 at the Shell Oil products US (Equilon Enterprises LLC) Collins Terminal. Also enclosed is a USGS quadrangle map copy, labeled site drawing, Certificate of Good Standing, and completed Notification of Surface Discharge of Hydrostatic Test Water. This letter provides additional required information to supplement the NOI application.

Tank 3 will be first emptied and cleaned. City water, which contains residual chlorine, will be added to the tank. A water treatment chemical will be added to the water in the tank to remove chlorine prior to discharge. In accordance with Condition No. S-2 of the General Permit, information on this chemical is provided below.

- (1) *Name and composition of the proposed additive* – The additive name is Captor®, which contains 20-30% calcium thiosulfate and 70 – 80% water.
- (2) *Proposed discharge concentration* - <0.019 mg/l, below detection limit is expected.
- (3) *Dosage rates* – Approximately 10 gallons will be added.
- (4) *Frequency of use* – One-time treatment after filling the tank.
- (5) *EPA registration, if applicable* – None required.
- (6) *Aquatic species toxicological data* – See Section 11 of the attached Safety Data Sheet (SDS).
- (7) *Material Safety Data sheet* – See attached SDS.

Discharged water will flow to an unnamed ditch and then to Okatoma Creek. Okatoma Creek is on MDEQ's Section 303(d) list as an impaired water body for aquatic life use support, for the pollutant Total Nitrogen. The city water used may contain approximately 0.2 mg/l Nitrate (as Nitrogen). In accordance with Condition No. T-2(3), as a best management practice (BMP), water from the tank will be first discharged into the dike containment area, where it will be allowed to percolate to the ground and reduce the amount of water discharged from Outfall 003 and to Okatoma Creek.

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 or 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 imprisonment for knowing violations.

Sincerely,

A handwritten signature in black ink, appearing to read "Erin Tade". The signature is fluid and cursive, with a large initial "E" and a long, sweeping tail.

Erin Tade
Facilities Manager

Enclosures

cc: Collins Terminal, File No. 550-03



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 _____

(Number to be assigned by MDEQ)

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: 0
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:

- Labeled site drawing noting the outfall(s) associated with hydrostatic test water discharge(s)
- List of chemical Additives,
- Appropriate Section 404 documentation from U.S. Army Corps of Engineers, or
- 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

ALL REQUESTED INFORMATION MUST BE PROVIDED (Answer "NA" if not applicable)

APPLICANT IS THE: OWNER OPERATOR (Must check one or both)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Steven C. Ledbetter, Vice President

OWNER EMAIL ADDRESS: steven.ledbetter@shell.com

OWNER COMPANY NAME: Triton Terminaling LLC

OWNER STREET (P.O. BOX): 150 North Dairy Ashford

OWNER CITY: Houston STATE: Texas ZIP: 77079

OWNER PHONE # (INCLUDE AREA CODE): 832-337-9997

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Gary Collins, Lead Operator

OPERATOR EMAIL: gary.n.collins@shell.com

OPERATOR COMPANY: Equilon Enterprises LLC (doing business as Shell Oil Products US)

OPERATOR STREET (P.O. BOX): PO Box 935

OPERATOR CITY: Kenner STATE: LA ZIP: _____

OPERATOR PHONE # (INCLUDE AREA CODE): 601-765-4335

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Shell Oil Products US Collins Terminal/Tank 3

PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: NEW USED

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: Gasoline

PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):

STREET: 21 Kola Road CITY: _____

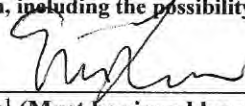
COUNTY: Covington ZIP: 39428

Facility site tribal land ID (NA if not applicable) NA

TYPE OF TREATMENT (IF PROVIDED): Removal of chlorine using Captor (calcium thiosulfate solution) applied per manufacturer's instructions.

SIC Code 5 1 7 1 NAICS Code 4 2 4 7 1 0

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.



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

 Printed Name

5/7/20

 Date Signed
Facilities Manager

 Title

¹This 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

OUTFALL INFORMATION
(To be submitted with HTNOI and Major Modification Forms)

INSTRUCTIONS:

- 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).
- All outfalls must be spotted and labeled on a USGS quadrangle map.

OUTFALL NO.	LATITUDE ¹ (deg/min/sec)	LONGITUDE ¹ (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM ²				EST. TOTAL DISCHARGE (MIL GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC.		EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OR EXISTING
				NAME	ON MDEQ 303(D) LIST? ³	HAS TMDL? ³	Yes		No	New		
001												
002												
003	31/37/31.90	89/32/21.4	City of Collins municipal water supply	Okatoma Creek	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	200,000	Used	06/08/20	New, but previously permitted +
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 <http://bit.ly/2ga06sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette Brooks at 601-961-5252

¹ List the latitude and longitude of its location to the nearest 15 seconds.

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

³ 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



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13 _____) COUNTY: Covington

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS



COVERAGE RECIPIENT INFORMATION

COMPANY NAME: Equilon Enterprises LLC (doing business as Shell Oil Products US)
CONTACT PERSON: Gary Collins CONTACT'S PHONE NUMBER: (601) 641-1190
PROJECT NAME: Tank 3 OUTFALL NUMBER(S): 003
DIRECTIONS TO OUTFALL: Come to front gate and use call box to request entry. Operator will direct inspector through the Terminal to the Outfall. Required personal protective equipment includes hard hat, steel-toed safety shoes, safety glasses with side shields, and fire retardant clothing. All but safety shoes can be provided by the Terminal if needed. Please call in advance to confirm exact start date and time.
DISCHARGE START DATE: 06/11/20 DISCHARGE START TIME: 08:00 AM DISCHARGE DURATION (hours): 18

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.

Authorized Signature
Erin Tade
Printed Name

Date: 5/7/20
Facilities Manager
Title

Submit this form to:

Chief, Environmental Compliance and Enforcement Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 3-15-17

1 This form shall be submitted with an original signature by an authorized individual in accordance with ACT 12, T-7 or T-8 of the General Permit.