

April 28, 2023

Mr. Thomas Kelly Mississippi Department of Environmental Quality Water Branch, Environmental Permits Division P.O. Box 2261 Jackson, Mississippi 39225

Re: Hydrostatic Test General Permit Hydrostatic Notice of Intent (HTNOI) Murphy Oil USA, Inc. Meridian Terminal 6540 North Frontage Road Meridian, Mississippi 39307 Permit No. MSG13 PPM Project No.: 45080084-TPC23

Dear Mr. Kelly:

On behalf of Murphy Oil USA, Inc. (Murphy), PPM Consultants, Inc. (PPM) is submitting the attached Notice of Intent (NOI) for coverage under Mississippi's Hydrostatic Test General Permit (HTGP) for the Murphy Meridian Terminal.

Two new field erected tanks (20-2 and 50-1) are nearing completion, and hydrostatic testing will take place as soon as construction is complete and the HTGP is issued.

Attached are the NOI forms, a United States Geological Survey (USGS) quad map and site map indicating the outfall locations, and a Certificate of Good Standing with the state of Mississippi.

If you have any questions or need additional information, please do not hesitate to contact me at (205) 836-5650.

Mr. Thomas Kelly April 28, 2023 Page 2

If you have any questions or need additional information, please do not hesitate to contact me at (205) 836-5650.

Sincerely, PPM Consultants, Inc.

Jeb Burttram Project Engineer

Attachment A:	Hydrostatic Test Notice of Intent Application
Attachment B:	Figure 1, United States Geological Survey Site Location Map;
	Figure 2, Site Map
Attachment C:	Certificate of Good Standing

Mr. Roger Leder, Senior Manager Terminal Operations Manager, Murphy Oil USA, Inc.
Mr. Kevin Herrington, Terminal Manager, Murphy Oil USA, Inc.
Mr. Zane Hood, Principal, PPM Consultants, Inc.

ATTACHMENT A -HYDROSTATIC TEST NOTICE OF INTENT APPLICATION

AI : 1635 Coverage # : MSG130622



Rec'd via email:04/28/2023

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 0622

(Number to be assigned by MDEO)

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. <u>Discharge of hydrostatic test</u> 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:

- 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:		OPERATOR	(Must check one or both)			
OWNER INFORMATION						

OWNER CONTACT NAME & POSITION:		
OWNER EMAIL ADDRESS:		
OWNER COMPANY NAME:		
OWNER STREET (P.O. BOX):		
OWNER CITY:	STATE:	ZIP:
OWNER PHONE # (INCLUDE AREA CODE):		

OPERATOR CONTACT NAME & POSITION:			
OPERATOR EMAIL:			
OPERATOR COMPANY:			
OPERATOR STREET (P.O. BOX):			
OPERATOR CITY:	STATE:	ZIP:	
OPERATOR PHONE # (INCLUDE AREA CODE):			

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME:					
PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS	: I NEW USED				
IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT:					
PHYSICAL SITE ADDRESS (If not available, indicate nearest named	l road. Linear projects indicate beginning of project):				
STREET:	_CITY:				
COUNTY:	ZIP:				
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.

Roger D. Leder

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

Date Signed

Printed Name

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



Revised: 03-15-17

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.

				NEAREST RECE	IVING S	TREAM	/ ²				US OF			
OUTALL NO.	LATITUDE ¹ (deg/min/sec)			SOURCE OF FILL WATER	NAME	ON MDEQ 303(D) LIST? ³		HAS TMDL? ³		EST. TOTAL DISCHARGE (MIL GAL)	PIPE FLOV	NK, LINE, VLINE IC. Used	EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING
001	(deg/mm/sec)	(deg/min/sec)	FILL WATER	NAME	Yes	No	Yes	No	(MIL GAL)	New	USeu	(mm/dd/yr)	EXISTING	
002														
003														
004														
005														
006														
007														
008														
009														
010														
011														
012													1.02/15/17	

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 <u>http://bit.ly/2gao6sW</u>. For additional information about NetDMR, please send an email to <u>netdmrhelp@mdeq.ms.gov</u> or contact Annette Brocks at 601-961-5252

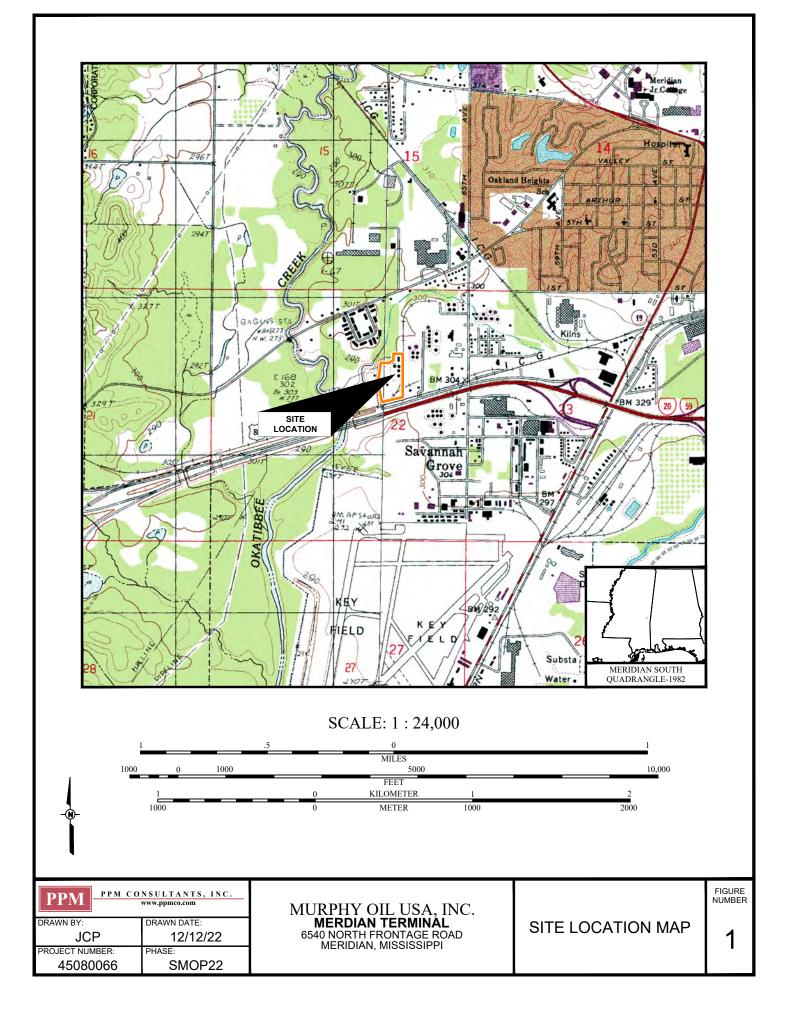
¹ List the latitude and longitude of its location to the nearest 15 seconds.

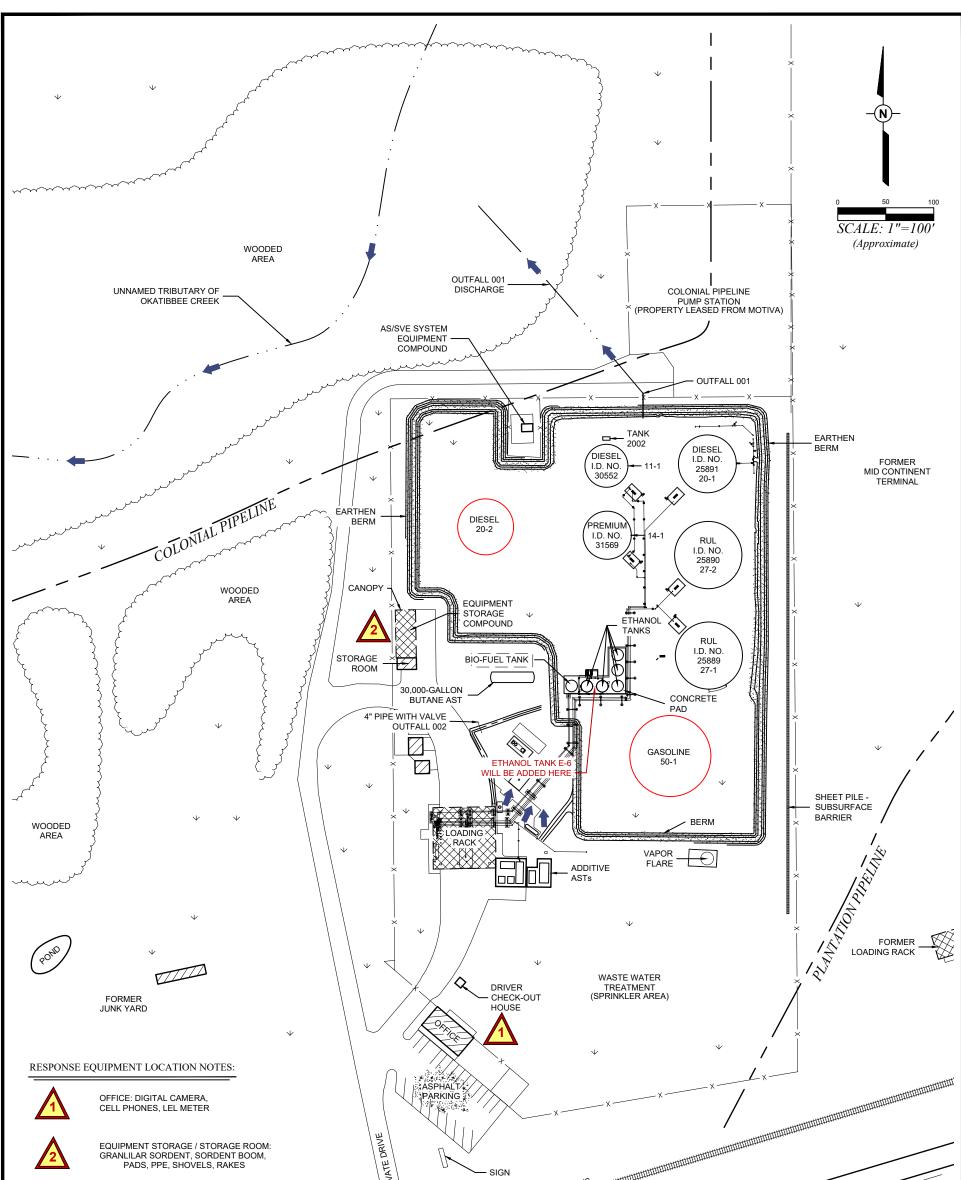
² Name of the nearest named receiving stream as listed on a USGS Quad Map.

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

ATTACHMENT B – FIGURE 1, UNITED STATES GEOLOGIC SURVEY SITE LOCATION MAP

FIGURE 2, SITE MAP





	PADS, PPE, SHO	OVELS, RAKES	,	I SIGN		
	PRODUCT TA	NKS		A CAD TRACKS	#HIMM.	-
TANK I.D.	CONTENTS	CAPACITY (GALLONS)	TANK TYPE / YEAR	SIGN RAILROAD TRACKS RAILROAD TRACKS	NORTH FRONTAGE ROAD	-
27-1	REGULAR UNLEADED GASOLINE	1,145,004	INT FLOATER / 1955		ONTAGE	_
27-2	REGULAR UNLEADED GASOLINE	1,141,728	INT FLOATER / 1955		TH FROM X	
14-1	PREMIUM UNLEADED GASOLINE	837,228	INT FLOATER / 1955		NORTHX	-
20-1	DIESEL	567,462	INT FLOATER / 1955			
11-1	DIESEL	475,986	INT FLOATER / 1955			_
E-1	ETHANOL	30,000	VERTICAL / 2013			-
E-2	ETHANOL	30,000	VERTICAL / 2013		/////	
E-3	ETHANOL	30,000	VERTICAL / 2013			
B-1	BIO-FUEL	31,000	VERTICAL / 2015	× I-20 / 5	9	
	ADDITIVE TAI	NKS		X - 1-20 *		
2232	GASOLINE ADDITIVE	4,000	HORIZONTAL / 1994			
1075	OUT OF SERVICE	1,000	HORIZONTAL / 1994	I-20	59-	
8233	GASOLINE ADDITIVE	4,000	HORIZONTAL / 1995	-40		
1091	RED DYE	275	HORIZONTAL / 1994			
VAPOR TANK	OVERFILL FROM TRUCK LOADING OPS	2,000	HORIZONTAL / 1979			
1000	DIESEL ADDITIVE	2,000	HORIZONTAL / 2000			
7767					LEGEND:	
E-4						=
E-5					X FENCE	
FLUSH	TRANS-MIX	2,000	HORIZONTAL / 2000		DRAINAGE FLOW I	JIF
1000 7767 E-4	OVERFILL FROM TROCK LOADING OPS DIESEL ADDITIVE GASOLINE ADDITIVE DENATURED ETHANOL DENATURED ETHANOL TRANS-MIX	,				LEGEND: X FENCE DRAINAGE FLOW E
PPM CONSULTAN www.ppmco.co		NC.		MURPHY OIL USA, INC.		
WN BY:	DRAWN DATE:			MERDIAN TERMINÁL	AIR EMISSION SOURCES MAP	
JCP 12/12/22			6540 NORTH FRONTAGE ROAD			
		-		MERIDIAN, MISSISSIPPI		
ROJECT NU						I
4508	0066 SMOP22	2				

ATTACHMENT C – CERTIFICATE OF GOOD STANDING



This is not an official certificate of good standing.

Name History	
Name	Name Type
MURPHY OIL USA, INC.	Legal
Business Information	
Business Type:	Profit Corporation
Business ID:	595202
Status:	Good Standing
Effective Date:	12/30/1992
State of Incorporation:	DE
Principal Office Address:	200 PEACH STREET, 4th Floor, Legal Dept EL DORADO, AR 71730
Registered Agent	
Name	
C T CORPORATION SYSTEM	
645 LAKELAND EAST DR STE 101	
FLOWOOD, MS 39232	
Officers & Directors	
Name	Title
R. Andrew Clyde	
200 Peach Street, 4th Floor,	
Executive Offices	Director, President, Chief Executive Officer
El Dorado, AR 71730	
Donald R Smith, Jr.	
200 Peach Street, 4th Floor,	
Comptroller's Office	Other, Vice President
Bossier City, LA 71111	
Christopher A. Click	
200 Peach Street, 4th Floor, Legal Dept	Director, Other, Vice President
El Dorado, AR 71730	
Gregory L. Smith	
200 Peach Street, 4th Floor, Legal	
Dept El Dorado, AR 71730	Secretary
Li Dorado, AK /1/50	

Mindy K. West 200 Peach Street, 4th Floor, Executive Offices El Dorado, AR 71730

Director, Other, Chief Financial Officer