CaSandra J. Cooper-Gates
Senior Vice President – Administration

137 Northpark Blvd. • Covington, LA 70433
TELEPHONE (985) 276-6282 • FAX (985) 276-6284 • E-Mail: ccoopergates@loopllc.com

RECEIVE

Received
JAN 29 2014
6EN-W

JAN 22 2014
Air/Toxics & Inspection
Coordination Branch
6EN-A

January 14, 2014

Permit Compliance Unit
Louisiana Department of Environmental Quality
Office of Environmental Compliance
P.O. Box 4312
Baton Rouge, LA 70821-4312

Re: LA 0049492

Gentlemen:

Enclosed are the LPDES/NPDES Discharge Monitoring Reports (DMR) for December 2013. For December, LOOP LLC had discharges at Outfalls #001 and #015. Also, enclosed are the fourth quarter 2012 and semi-annual DMRs with discharges at Outfalls #002, #006, #012, #018, #021, #023, #024, #025, #026, and #028.

LOOP LLC experienced excursions of two discharge limitations for Outfall #006 during December 2013. The effluent limitation monthly average of 30 mg/l for Biochemical Oxygen Demand (BOD) was exceeded with a reported value of 39 mg/l. As there was only one sample required for this reporting period, the effluent limitation monthly average of 14/100 ml and weekly average of 43/100 ml for Fecal Coliform were exceeded with a reported value of 2,700/100 ml. Reports providing detailed information relative to the excursions are attached to the discharge monitoring report for Outfall #006.

If you have any questions, please contact Mrs. Cynthia Gardner-LeBlanc at (985) 276-6299.

Sincerely,

CaSandra J. Cooper-Gates

Attachments

Louisiana Offshore Terminal Authority
U.S. Environmental Protection Agency, Region 6

1 - Permit/CD
2 - AQ & AQ matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	018-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.36	******	7.36		0	1/90	GRAB
00[illegible] 0 Effl[illegible] Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Quarterly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	9.0		0	1/90	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/90	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.274	2.592		******	******	******	******	0	11/90	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	ESTIMA

RECEIVED
JAN 16 2013
6EN-W

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	020-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	07/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
STORMWATER RUNOFF
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00[illegible] 0 Effl[illegible] Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Quarterly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	021-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.13	******	6.13		0	1/90	GRAB
00 1 0 Effl Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Quarterly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	7.5		0	1/90	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/90	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.622	1.066		******	******	******	******	0	2/90	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES TAKED AT OUTFALL 021 AREREPRESENTATIVE OF DISCHARGES AT OUTFALL 025

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	025-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.13	******	6.13		0	1/90	GRAB
00 1 0 Effl t Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Quarterly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	7.5		0	1/90	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/90	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.7182	1.231		******	******	******	******	0	2/90	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES TAKED AT OUTFALL 021 AREREPRESENTATIVE OF DISCHARGES AT OUTFALL 025

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	026-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00 1 0 Effl .t Gross	SAMPLE MEASUREMENT	******	******	******	6.20	******	6.20		0	1/90	GRAB
	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Quarterly	GRAB
Carbon, tot organic (TOC) 00680 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	******	11.7		0	1/90	GRAB
	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/90	GRAB
	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.062	0.106		******	******	******	******	0	2/90	EST
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES TAKED AT OUTFALL 026 AREREPRESENTATIVE OF DISCHARGES AT OUTFALL 027

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	027-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
STORMWATER RUNOFF
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Quarterly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 gather and evaluate 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.		TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration		C. J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES TAKEN AT OUTFALL 026 AREREPRESENTATIVE OF DISCHARGES AT OUTFALL 027

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	028-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.24	******	6.24		0	1/90	GRAB
00 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Quarterly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	15.0		0	1/90	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/90	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.718	1.231		******	******	******	******	0	2/90	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	002-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	26	26		0	1/180	GRAB
00 1 0 Effl t Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7		0	1/180	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	15	15		0	1/180	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0059	0.0067		******	******	******	******	0	1/180	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Once Every 6 Months	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	006-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	39	39		1	1/180	GRAB
00[illegible] 1 0 Ef[illegible]t Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.81	******	6.81		0	1/180	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	14	14		0	1/180	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0001	0.0001		******	******	******	******	0	1/180	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Once Every 6 Months	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******	2,700	2,700		1	1/180	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	14 MOAV GEO	43 WKAV GEO	#/100mL		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EXCURSION REPORT
OUTFALL 006

Date and time of Noncompliance:	December 26, 2013. Sample was collected at 0910.
Description of Noncompliance:	The effluent limitation monthly average of 30 mg/l for Biochemical Oxygen Demand (BOD) was exceeded with a reported value of 39 mg/l. The 39 mg/l value was within the weekly average limitation of 45 mg/l.
Cause of Noncompliance:	Outfall 006 is the discharge from a sewage treatment plant located at LOOP's Small Boat Harbor facility in Port Fourchon, LA. Investigation into the noncompliance indicates a malfunctioning blower motor to be the most likely cause for the exceedance in the monthly average BOD limit. The blower motor has been repaired.
Measures to prevent/reduce recurrence of noncompliance:	Continued attention to the sewage treatment package plant operation to insure any malfunctioning equipment is detected and addressed at the earliest possible time. The sewage treatment package plant will be resampled to insure proper operation of the plant.

EXCURSION REPORT
OUTFALL 006

Date and time of Noncompliance:	December 18, 2013. Sample was collected at 1035.
Description of Noncompliance:	The effluent limitation monthly average of 14/100 ml and weekly average of 43/100 ml for Fecal Coliform was exceeded with a reported value of 2,700/100 ml.
Cause of Noncompliance:	Outfall 006 is the discharge from a sewage treatment plant located at LOOP's Small Boat Harbor facility in Port Fourchon, LA. Investigation into the noncompliance indicates the most probable cause to be a malfunctioning chlorination tube. It appears the chlorine tablets were not dropping properly through the tube potentially due to moisture. The chlorination tube has been cleaned and stocked with new chlorine tablets.
Measures to prevent/reduce recurrence of noncompliance:	Continued attention to the sewage treatment package plant operation to insure any malfunctioning equipment is detected and addressed at the earliest possible time. The sewage treatment package plant will be sampled to insure proper operation of the chlorination system.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	007-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00[illegible] 1 0 Ef[illegible]t Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Once Every 6 Months	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 MOAV GEO	400 WKAV GEO	#/100mL		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	008-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Once Every 6 Months	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 MOAV GEO	400 WKAV GEO	#/100mL		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	023-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	15	15		0	1/180	GRAB
00[illegible] 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.86	******	6.86		0	1/180	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2	2		0	1/180	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0001	0.0001		******	******	******	******	0	1/180	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Once Every 6 Months	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******	<10	<10		0	1/180	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	14 MOAV GEO	43 WKAV GEO	#/100mL		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	024-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	6	6		0	1/180	GRAB
00 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.72	******	6.72		0	1/180	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8		0	1/180	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 WKLY AVG	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0001	0.0001		******	******	******	******	0	1/180	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Once Every 6 Months	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******	<2	<2		0	1/180	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 MOAV GEO	400 WKAV GEO	#/100mL		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
STRMWTR FROM OILY WATER SYSTEM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******	******	******	******	******	0		0	1/1	VIS
84[illegible]10 Effi[illegible]t Gross	PERMIT REQUIREMENT	******	******	******	******	******	0 MO TOTAL	occur/mo		Daily	VISUAL

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
DISCHARGE OF BRINE
External Outfall

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	15 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Daily	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282	01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
SMALL BOAT HARBOR
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7		0	1/30	GRAB
00 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	<1.0		0	1/30	GRAB
00680 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	1.7		0	1/30	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	0.7		0	1/30	GRAB
00680 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.23	4.23		******	4.23	4.23		0	1/30	EST
50 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	4.32 MO AVG	5.4 DAILY MX	MGD		Monthly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	0.092	0.2		0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper Gates	985-276-6282	01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRC ONLY REQUIRED DURING PERIODS OF CHLORINATION OR OTHER BIOCIDE USAGE.

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	012-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8.14	******	8.14		0	1/90	GRAB
00 1 0 Ef t Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Quarterly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	8.6		0	1/90	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	11.1		0	1/90	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0394	0.0394		******	******	******	******	0	1/90	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282	01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433
FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	T15-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
TOXICITY FOR OUTFALL 015
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	******	******	******	N/A	N/A	******		N/A	N/A	N/A
22 1 0 Eff. t Gross	PERMIT REQUIREMENT	******	******	******	Opt. Mon. MO AV MN	Opt. Mon. 48HR MIN	******	pass=0/fail =1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	******	******	******	N/A	N/A	******		N/A	N/A	N/A
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Opt. Mon. MO AV MN	Opt. Mon. 48HR MIN	******	pass=0/fail =1		See Permit	COMP24
Whole Effluent Toxicity - Retest #3	SAMPLE MEASUREMENT	******	******	******	N/A	N/A	******		N/A	N/A	N/A
51443 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Opt. Mon. MO AV MN	Opt. Mon. 48HR MIN	******	pass=0/fail =1		See Permit	COMP24
LF Pass/Fail Statre 48Hr Acute Mysidopis Bahia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	1/90	COMP24
TEM3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	Req. Mon. 48HR MIN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Statre 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	1/90	COMP24
TEM6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	Req. Mon. 48HR MIN	******	pass=0/fail =1		Quarterly	COMP24
Noel Lethal Statre 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	3.7	3.7	******		0	1/90	COMP24
TC 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	Req. Mon. 48HR MIN	******	%		Quarterly	COMP24
Noel Lethal Statre 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	3.7	3.7	******		0	1/90	COMP24
TOM6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	Req. Mon. 48HR MIN	******	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282	01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	T15-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
TOXICITY FOR OUTFALL 015
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coef Of Var Statre 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	5	5	******		0	1/90	COMP24
TQ[illegible]E1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	Req. Mon. 48HR MIN	******	%		Quarterly	COMP24
Coef Of Var Statre 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	1/90	COMP24
TQM6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	Req. Mon. 48HR MIN	******	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282	01/14/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TABLE 1
SUMMARY SHEET
***Mysidopsis bahia* ACUTE SURVIVAL AND GROWTH TEST**

PERMITTEE: LOOP, LLC
FACILITY SITE: Deepwater Port, Pipeline and Storage Facility
NPDES PERMIT NUMBER: LA0049492, AI No. 4634
OUTFALL IDENTIFICATION: 015
OUTFALL SAMPLE IS FROM: X SINGLE _____ MULTIPLE DISCHARGE
BIOMONITORING LABORATORY: C-K Associates, LLC
DILUTION WATER USED: _____ RECEIVING WATER X LAB WATER
CRITICAL DILUTION: 2.8% DATE TEST INITIATED November 25, 2013

Are the test results to be considered valid? X yes _____ no
If not, what are the reasons for invalidity? N/A

Is this a retest of a previous invalid test? _____ yes X no
Is this a retest of a previous test failure? _____ yes X no

48-Hour NOEC 3.7 % effluent
48-Hour LC_{50} > 3.7 % effluent

DILUTION SERIES RESULTS

Time of Reading	Replicate	0	1.2	1.6	2.1	2.8	3.7
24-Hour	A	90	100	100	100	100	100
	B	100	100	100	100	100	100
	C	100	100	100	100	100	90
	D	100	100	100	90	100	100
	E	100	100	100	100	100	100
48-Hour	A	80	100	100	100	100	100
	B	100	100	100	100	100	100
	C	100	100	100	100	100	90
	D	100	100	100	90	100	100
	E	90	100	100	100	100	100
Mean		94	100	100	98	100	98

Is the mean survival at 48-hours significantly less (p=0.05) than the control survival for the low flow or critical dilution? _____ yes X no

TABLE 1
SUMMARY SHEET
***Menidia beryllina* ACUTE SURVIVAL AND GROWTH TEST**

PERMITTEE: LOOP, LLC
FACILITY SITE: Deepwater Port, Pipeline and Storage Facility
NPDES PERMIT NUMBER: LA0049492, AI No. 4634
OUTFALL IDENTIFICATION: 015
OUTFALL SAMPLE IS FROM: X SINGLE _____ MULTIPLE DISCHARGE
BIOMONITORING LABORATORY: C-K Associates, LLC
DILUTION WATER USED: _____ RECEIVING WATER X LAB WATER
CRITICAL DILUTION: 2.8% DATE TEST INITIATED November 25, 2013

Are the test results to be considered valid? X yes _____ no
If not, what are the reasons for invalidity? N/A

Is this a retest of a previous invalid test? _____ yes X no
Is this a retest of a previous test failure? _____ yes X no

48-Hour NOEC 3.7 % effluent
48-Hour LC_{50} > 3.7 % effluent

DILUTION SERIES RESULTS

Time of Reading	Replicate	0	1.2	1.6	2.1	2.8	3.7
24-Hour	A	100	100	100	100	100	100
	B	100	100	100	100	100	100
	C	100	100	100	100	100	100
	D	100	100	100	100	100	100
	E	100	100	100	100	100	100
48-Hour	A	100	100	100	100	100	100
	B	100	100	100	90	100	100
	C	100	100	100	100	100	100
	D	100	100	100	100	100	100
	E	100	100	100	100	100	100
Mean		100	100	100	98	100	100

Is the mean survival at 48-hours significantly less (p=0.05) than the control survival for the low flow or critical dilution? _____ yes X no

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE
DALLAS, TEXAS 75202-2733

(1) State

6 ENWC

MAY 21 2008

Cheryl Nolan
Assistant Secretary
Office of Environmental Services
Louisiana Department of Environmental Quality
P.O. Box 4313
Baton Rouge, LA 70821-4313

RECEIVED
MAY 30 2008
6EN-W

Re: Draft LPDES/NPDES Permit for Loop LLC
Loop LLC Deepwater Port Complex
LPDES Permit No. LA0049492, AI 4634

Dear Mrs. Nolan:

The enclosed draft LPDES/NPDES permit was received on May 14, 2008, for our review and concurrence. The Region has reviewed the LPDES/NPDES permit package and concurs on the draft permit package. The Region appreciates the opportunity to be involved with drafting, reviewing and commenting on the above subject permit.

Thank you for your cooperation. If we may help your office achieve its permitting goals, please call me at 214-665-7170 or have your staff contact Maria Okpala at VOICE: 214-665-3152, FAX: 214-665-2191, or EMAIL:okpala.maria@epa.gov.

Sincerely,

Claudia V. Hosch
Chief
NPDES Permits & TMDL Branch

cc: Sonja Loyd (LDEQ Permits Division)
Scott Guilliams (LDEQ Permits Division)

(1) State

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE
DALLAS, TEXAS 75202-2733

6ENWC

APR 24 2008

CERTIFIED MAIL: RETURN RECEIPT REQUESTED (7004 1160 0003 0352 2042)

Mr. Miles Groom
Assistant Regional Administrator
for Habitat Conservation
National Marine Fisheries Service
Southeast Regional Office
263 13th Avenue South
Saint Petersburg, Florida 33701

RECEIVED
APR 24 2008
6EN-W

Dear Mr. Groom:

Region 6 of the Environmental Protection Agency is proposing to jointly re-issue the National Pollutant Discharge Elimination System (NPDES)/Louisiana Pollutant Discharge Elimination System (LPDES) permit for LOOP LLC (LA0049492/AI4634). The permit presently authorizes discharges from a deepwater port, pipelines and storage facilities for the transportation of crude oil to Federal waters of the Gulf of Mexico seaward of the outer boundary of the territorial seas of Louisiana. The proposed re-issuance of the permit will not authorize any new discharges.

EPA also has determined that the re-issuance of this permit is not likely to adversely effect Essential Fish Habitat established under the 1996 amendments to the Magnuson-Stevens Fishery Management and Conservation Act. The proposed permit language and fact sheet are enclosed for your review. Please notify us within 30 days whether or not you concur with our conclusion that the discharges authorized by this proposed permit are not likely to adversely affect Essential Fish Habitat within the geographic scope of this permit.

Thank you for the assistance and cooperation in this matter. If you should have any questions concerning this proposed permit action please contact Maria Okpala at (214) 665-3152.

Sincerely yours,

Claudia V. Hosch
Chief
Permits & TMDL Branch

Enclosures
cc:

Sonja Loyd (LDEQ Permits Division)
Scott Guilliams (LDEQ Permits Division)

(1) State

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE
DALLAS, TEXAS 75202-2733

GEN WC

APR 2 4 2008

CERTIFIED MAIL: RETURN RECEIPT REQUESTED (7004 1160 0003 0356 5988)

Cheryl Nolan
Assistant Secretary
Office of Environmental Services
Louisiana Department of Environmental Quality
P.O. Box 4313
Baton Rouge, LA 70821-4313

RECEIVED
APR 2 4 2008
GEN-W

Re: No Objection to Preliminary Draft Permit
Loop LLC Deepwater Port Complex
LPDES Permit No. LA0049492, AI 4634

Dear Mrs. Nolan:

Thank you for the opportunity to review the draft permit transmitted electronically from Sonja Loyd, LDEQ, to Evelyn Rosborough, EPA, received on March 31, 2008. As a result of our review, the subject permit appears to conform to the guidelines and requirements established by the Clean Water Act and the NPDES regulations.

Thank you for your cooperation. If we may help your office achieve its permitting goals, please call me at 214-665-7170 or have your staff contact Maria Okpala at VOICE: 214-665-3152, FAX: 214-665-2191, or EMAIL:okpala.maria@epa.gov.

Sincerely,

For
Claudia V. Hosch
Chief
NPDES Permits & TMDL Branch

cc: Sonja Loyd (LDEQ Permits Division)
Scott Guilliams (LDEQ Permits Division)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
FROM	01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
STRMWTR FROM OILY WATER SYSTEM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******	******	******	******	******	0		0	1/1	VIS
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	0 MO TOTAL	occur/mo		Daily	VISUAL

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Daily Filed

RECEIVED
FEB 20 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		02/14/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
DISCHARGE OF BRINE
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	15 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Daily	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		02/14/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
SMALL BOAT HARBOR
External Outfall

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		02/14/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.0		0	1/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	*			1/30	GRAB
00680 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	*			1/30	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	*			1/30	GRAB
00680 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	*			1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
v, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.32	4.32		******	4.32	4.32		0	1/30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	4.32 MO AVG	5.4 DAILY MX	MGD		Monthly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	0.2	0.3		0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		02/14/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRC ONLY REQUIRED DURING PERIODS OF CHLORINATION OR OTHER BIOCIDE USAGE.

* The Oil and Grease and Total Organic Carbon (intake and discharge) samples were collected, as required by the permit, for the month of January but the analyses were not completed in time to be submitted by the required DMR filing date. A supplemental DMR will be filed as soon as results of sample analyses are received.

CaSandra J. Cooper-Gates
Senior Vice President – Administration

137 Northpark Blvd. • Covington, LA 70433
TELEPHONE (985) 276-6282 • FAX (985) 276-6284 • E-Mail: ccoopergates@loopllc.com

February 14, 2014

VIA FEDEX

RECEIVED
FEB 20 2013
6EN-W

Permit Compliance Unit
Louisiana Department of Environmental Quality
Office of Environmental Compliance
P. O. Box 4312
Baton Rouge, Louisiana 70821-4312

RE: LA 0049492

Gentlemen:

Enclosed are the LPDES/NPDES Discharge Monitoring Reports (DMRs) for January 2014. During January, LOOP had discharges at Outfalls #001 and #015.

Please note that for Outfall #015, the Oil and Grease and Total Organic Carbon (intake and discharge) samples were collected, as required by the permit, for the month of January, but the analyses were not completed in time to be submitted by the required DMR filing date. A supplemental DMR will be filed as soon as the results of sample analyses are received.

If you have any questions, please contact Mrs. Cynthia Gardner-LeBlanc at (985) 276-6299.

Sincerely,

CaSandra J. Cooper-Gates

Attachment

Louisiana Offshore Terminal Authority
U. S. Environmental Protection Agency, Region 6
http://loopnoss/Reg-Env-SafetyServices/RegEnv and Safety/Agencies/LA Department of Environmental Quality/WATER/DMRs/CCG Monthly DMR Ltr 01.2014.docx

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Rec 12/18/13

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
STRMWTR FROM OILY WATER SYSTEM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******	******	******	******	******	0		0	1/1	VIS
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	0 MO TOTAL	occur/mo		Daily	VISUAL

DEC 18 2013
GEN-W

_____1 - Permit/CD
_____2 - AO & AO mati
_____3 - DMR's
_____4 - Vio. Sum. Log
_____5 - NCR
_____6 - Correspondence
_____7 - CRAS
_____Date Filed
_____Clerk's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP, Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		12/13/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1/6/13
Recorded in ICIS

LA0049492

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
DISCHARGE OF BRINE
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	15 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Daily	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP, Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		12/13/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433
FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
SMALL BOAT HARBOR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8.56	******	8.56		0	1/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	10.3		0	1/30	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.013	0.013		******	******	******	******	0	1/30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP, Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		12/13/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.05	******	7.05		0	1/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	1.7		0	1/30	GRAB
00680 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	1.5		0	1/30	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	0		0	1/30	GRAB
00680 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5		0	1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.23	4.23		******	4.23	4.23		0	1/30	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	4.32 MO AVG	5.4 DAILY MX	MGD		Monthly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	0.15	0.3		0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP, Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		12/13/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRC ONLY REQUIRED DURING PERIODS OF CHLORINATION OR OTHER BIOCIDE USAGE.

LA 0049492

CaSandra J. Cooper-Gates
Senior Vice President – Administration

137 Northpark Blvd. • Covington, LA 70433
TELEPHONE (985) 276-6282 • FAX (985) 276-6284 • E-Mail: ccoopergates@loopllc.com

RECEIVED
DEC 18 2013
6EN-W

December 13, 2013

VIA FEDEX

Permit Compliance Unit
Louisiana Department of Environmental Quality
Office of Environmental Compliance
P. O. Box 4312
Baton Rouge, Louisiana 70821-4312

RE: LA 0049492

Gentlemen:

Enclosed are the LPDES/NPDES Discharge Monitoring Reports (DMRs) for November 2013. During November, LOOP had discharges at Outfalls #001, #005 and #015.

If you have any questions, please contact Mrs. Cynthia Gardner-LeBlanc at (985) 276-6299.

Sincerely,

CaSandra J. Cooper-Gates

_____1 - Permit/CD
_____2 - AO & AO matl
_____3 - DMR's
_____4 - Vio. Sum. Log
_____5 - NCR
✓ 6 - Correspondence
_____7 - CRAS
_____Date Filed
_____Clerk's Inits.

Enclosure

Louisiana Offshore Terminal Authority
✓U. S. Environmental Protection Agency, Region 6

CaSandra J. Cooper-Gates
Senior Vice President – Administration

137 Northpark Blvd. • Covington, LA 70433
TELEPHONE (985) 276-6282 • FAX (985) 276-6284 • E-Mail: ccoopergates@loopllc.com

Received
MAR 22 2013
6EN-W

March 15, 2013

Permit Compliance Unit
Louisiana Department of Environmental Quality
Office of Environmental Compliance
P.O. Box 4312
Baton Rouge, LA 70821-4312

Re: LA 0049492

Gentlemen:

Enclosed are the LPDES/NPDES Discharge Monitoring Reports (DMR) for February 2013. During February, LOOP LLC had discharges at Outfalls #001, #005 and #015.

If you have any questions, please contact Mrs. Cynthia Gardner-LeBlanc at (985) 276-6299.

Sincerely,

CaSandra J. Cooper-Gates

Attachments

Louisiana Offshore Terminal Authority
U.S. Environmental Protection Agency, Region 6

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	TO	02/28/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
STRMWTR FROM OILY WATER SYSTEM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******	******	******	******	******	0		0	1/1	VIS
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	0 MO TOTAL	occur/mo		Daily	VISUAL

Received
MAR 22 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C.J. Cooper-Gates	985-276-6282		03/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	TO	02/28/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
DISCHARGE OF BRINE
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	15 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Daily	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

Received
MAR 22 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration	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 gather and evaluate 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.	C. J. Cooper-Gates	985-276-6282		03/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	TO	02/28/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
SMALL BOAT HARBOR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8.41	******	8.41		0	1/30	GRA
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	9.0		0	1/30	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0288	0.0314		******	******	******	******	0	2/30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Monthly	ESTIMA

Received
MAR 22 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 gather and evaluate 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.	C.J. Cooper-Gates	TELEPHONE		DATE
C.J. Cooper-Gates, Sr. VP Administration		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-276-6282		03/15/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	TO	02/28/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7		0	1/30	GRA
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	<1.0		0	1/30	GRAB
00680 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	<1.0		0	1/30	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	0.0		0	1/30	GRAB
00680 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.32	4.32		******	4.32	4.32		0	1/30	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	4.32 MO AVG	5.4 DAILY MX	MGD		Monthly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	0.2	0.30		0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	1 DAILY MX	mg/L		Weekly	GRAB

Received
MAR 22 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRC ONLY REQUIRED DURING PERIODS OF CHLORINATION OR OTHER BIOCIDE USAGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	TO	02/28/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
STRMWTR FROM OILY WATER SYSTEM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******	******	******	******	******	0		0	1/1	VIS
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	0 MO TOTAL	occur/mo		Daily	VISUAL

Received
MAR 22 2013
6EN-W

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

LA0049492	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	02/01/2013	TO 02/28/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
DISCHARGE OF BRINE
External Outfall

No Discharge ✓

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	15 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Daily	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: LOOP LLC- Deepwater Port Complex
ADDRESS: 137 Northpark Blvd.
Covington, LA 70433

FACILITY: LOOP LLC- DEEPWATER PORT COMPLEX
LOCATION: 224 EAST 101 PLACE
CUTOFF, LA 70345

ATTN: CaSandra Cooper-Gates

PERMIT NUMBER	DISCHARGE NUMBER
LA0049492	005-A

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	02/01/2013	TO 02/28/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) PCU
SMALL BOAT HARBOR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8.41	******	8.41		0	1/30	GRA
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	9.0		0	1/30	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0288	0.0314		******	******	******	******	0	2/30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Monthly	ESTIMA

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R 22 2013
6EN-W

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ATTN: CaSandra Cooper-Gates

LA0049492	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	TO	02/28/2013

DMR Mailing ZIP CODE: 70433
MAJOR
(SUBR KH) EPA
NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7		0	1/30	GRA
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	<1.0		0	1/30	GRAB
00680 0 0 Intake	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	<1.0		0	1/30	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	0.0		0	1/30	GRAB
00680 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	<5.0		0	1/30	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.32	4.32		******	4.32	4.32		0	1/30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	4.32 MO AVG	5.4 DAILY MX	MGD		Monthly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	0.2	0.30		0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.5 MO AVG	1 DAILY MX	mg/L		Weekly	GRAB

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