







### HYDROSTATIC TEST GENERAL PERMIT RE-COVERAGE FORM

COVERAGE NUMBER: MSG13 0 5 0 2. This coverage number must be completed for your specific project or this form will be considered incomplete and returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage or in the subject heading of the Letter of Instruction for Re-coverage.

#### **INSTRUCTIONS**

The submittal of this form is required to receive coverage under the reissued Hydrostatic Test General Permit. This form must be completed and returned to the MDEQ at the address printed at the bottom of the back page of this form within 45 days of the date of the Letter of Instruction for Re-coverage.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the project manager or environmental consultant). The coverage recipient is responsible for permit compliance.

IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: 21.5

NOTE: If disturbing five (5) acres or more, a stormwater construction coverage is required.

If the company seeking permit coverage is a corporation, a limited liability company, a partnership, or a business trust, then attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of this submittal. Coverage will be issued to the company name as it is registered with the Mississippi Secretary of State.

If the project is complete, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Hydrostatic Test Forms Package. Projects that continue to discharge hydrostatic test water without applicable permit coverage are in violation of state law. This Re-Coverage Form is not required to be submitted if the coverage recipient is submitting a request for termination of coverage.

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

#### COVERAGE RECIPIENT INFORMATION

CONTACT NAME AND POSITION: Fred Hampton		
CONTACT EMAIL: Fred.Hampton@Valero.com		
COMPANY NAME: Parkway Pipeline, LLC		
STREET (P.O. BOX): One Valero Way (MC E2A	)	
CITY: San Antonio	STATE: TX	ZIP: 78249
PHONE NUMBER (INCLUDE AREA CODE): (210) 345-		

# PROJECT OR FACILITY INFORMATION PROJECT OR FACILITY NAME: Parkway to Colonial Lateral Project CONTACT NAME AND POSITION: Miranda G. Briones-Garza, P.E., Sr. Environmental Engineer CONTACT EMAIL: Miranda.Briones-Garza@Valero.com CONTACT PHONE NUMBER (INCLUDE AREA CODE): (210) 345-1690 PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD): STREET: 68 Kola Road CITY: Kola COUNTY: Covington ZIP: 39428

## OUTFALL INFORMATION LIST OUTFALL NUMBERS. (i.e. 001, 002, etc.) THAT WILL REMAIN ACTIVE UNDER REISSUED COVERAGE: 001 002 003 (NOTE: Any outfalls previously covered, but not listed above, will be de-activated. MDEQ will not send DMRs for inactive

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Revised: 03/21/17

outfalls. Coverage recipient will have to submit a Major Modification Form to re-activate outfalls not listed above.)

mad & Houseton	4/10/17
Signature <sup>1</sup>	Date
Fred Hampton	Vice-President
Printed Name <sup>1</sup>	Title

<sup>1</sup>This form shall be signed by the current coverage recipient according to ACT6, T-17 of the General Permit.

After signing please mail to:

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



RECEIVED

APR 17 2017

Dept. of Environmental Quality

April 10, 2017

CERTIFIED MAIL NO. 7016 2140 0000 5344 7631 RETURN RECEIPT REQUESTED

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

RE: Hydrostatic Test General Permit Re-Coverage Form

Parkway to Colonial Lateral Project

Permit Number - MSG130502

Dear Sir or Madam:

Enclosed is a completed *Hydrostatic Test General Permit Re-coverage Form* and attachments for the Parkway to Colonial Lateral Project.

This form is being submitted for re-coverage of the project under the Hydrostatic Test General Permit (HTGP – MSG13), reissued on March 21, 2017. Per the re-coverage notice send to us by MDEQ on April 5, 2017, we are including proof of the company's registration with the Mississippi Secretary of State, as required.

If you have any questions on this information, please contact Miranda G. Briones-Garza at (210) 345-1690 or at Miranda.Briones-Garza@Valero.com.

Sincerely,

Amanda Garrahán

Amende Co

Senior HSE/DOT Compliance Manager - Pipelines and Terminals

Attachment

Business ID: 988578 Date Filed: 09/02/2011 12:00 PM C. Delbert Hosemann, Jr. Secretary of State

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#### OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Application for Registration of Foreign Limited Liability Company

Pursuant to the provisions of House Bill No. 524, Chapter 362, Laws of 1995, the undersigned Limited Liability Company applies for registration to transact business as follows:

Parkway Pi	peline LLC					
2. Organi	zed under law	s of the jurisdiction or state of	Date	Organi	ed	-
Delaware		06/23/2011				
3. Addres	s of the office crisdiction or,	required to be maintained in the s if not required, the address of the	tate or Jui principal	isdiction office of	n of organization by the f the Limited Liability C	laws of tha
Address	500 Dallas S	treet, Suite 1000				
City, State	, ZIP5, ZIP4	Houston		TX	77002	
4. If the Limited L	Limited Liabi	lity Company is to have a specific cany is to dissolve	c date of	dissolut	ion, the latest date upon	which thi
5. Name a	nd Street Ada	ress of the Registered Agent and I	Registered	Office	in Mississippi	
Name C T Corporation System						
Address	645 Lakelar	nd East Drive, Suite 101				
City, State	, ZIP5, ZIP4	Flowood		MS	39232	
6. Telepho	ne No. of the	Registered Agent			L	
	5-7400					

served with the exercise of responsible diligence.

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#### OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Application for Registration of Foreign Limited Liability Company

	8. Is management of the Limited Liability Company vested in a manager or managers?
$\Box$	Yes No No
	9. Any restrictions or limitations are as follows
D)	
⇔	
⇒	
⇔	
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,	16. Other matters the Foreign Limited Liability Company determines to include
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#### OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Application for Registration of Foreign Limited Liability Company

#### 11. Name elected to use in Mississippi

By: Si	gnature		(Please keep writing within blocks)
	inted Name	Joseph Listengart	Title Vice President
Street and	Mailing Addr	css	
Physical Address	500 Dalla	s Street, Suite 1000	
P.O. Box			

2583

#### F0120 - Page 1 of 1

#### OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Application for Appointment of Registered Agent for Foreign LLC

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	I. Name	of the Limited	Liability Company						
$\Rightarrow$	Parkway Pipeline LLC								
	2. It was	organized und	er the laws of the st	ate or other ju	risdic tio	n of			
$\Rightarrow$	Delaware								
	3. Name	and Street Add	lress of the Register	ed Agent and l	Register	ed Office	are		
⇔	Name	C T Corpora	tion System						
⇔	Physical Address	645 Lakeland	1 East Drive, Suite 101						
$\Rightarrow$	P.O. Box						-		
$\Rightarrow$	City, State	, ZIP5, ZIP4	Flowood			MS	392	32 -	
	is designated service of pri Liability Con same hereby	and appointed re- ocess against this in pany in said Stat- revoked.	gistered agent of this Limi Limited Liability Compan c; and that all prior design	ted Liability Comp y may be had in th ations and appoint	pany in the se event of ments of re	State of Many suit ag	ississippi up ainst this Lir gents, if any,	on whom nited be and the	
$\Rightarrow$	Witness my	signature, and the	SEAL of said Company, t	his the	day of	Septembe	19 11	(year)	
	By: Sig	gnature	9	>>		Please keep	writing with	n blocks)	
	Pri	nted Name Jo	soph Listengart		$\exists$	Title V	ice Presiden	ı	
	The undersign	ned hereby accepts	the above description and	J appointment of re	gistered ag	ent for sei	vice of proce	ess	
⇒	Dated in	town ?	Texco	day of Sc	of.	AD.	201	(year)	
		nature Registered	Jayna Jayna	Nicke	1	lease keep	ariting within	blocks)	
		Ву	1/	Secret					

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Delaware

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OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2011. STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD DETYMPKE' DO HEKEBA CEKLIŁA "BYKKMYA BIBETINE TTC., IZ DOTA I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

VOLHENLY CATION: 9003685 lefter W. Bullock, Secretary of State

DATE: 08-31-11

You may verify this certificate online at corp. delaware.gov/authver.shiml

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Search Type: Business Name

Search Date: 04/05/2017 04:25

Criteria: Parkway Pipeline LLC

Search Sub-Type: Starting With

Search Thru Date: 04/03/2017

Result(s) Count: 1

#### **Business Name Search Results**

Business Name	Business ID	Type	Status	▼ Create Date	<b>Y</b>
Parkway Pipeline LLC	988578	Foreign Limited Liability Company (LLC)	Good Standing	09/02/2011	Details
					1 - 1 of 1 items