

AFF #1725

Deanna

MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

OCT 04 2011

## HYDROSTATIC TEST GENERAL PERMIT RE-COVERAGE FORM

**COVERAGE NUMBER: MSG13 0025.** 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 30 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 the previous coverage included regulated construction activities which, are to be continued under this re-coverage, amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. SWPPP amendments with the sole intent of incorporating new permit conditions do not need to be submitted to MDEQ for review and/or approval.

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 and/or storm water associated with regulated construction activity 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).

Certificate of Coverage should be mailed to: ☒ Coverage Recipient ☐ Facility (please check one)

### COVERAGE RECIPIENT INFORMATION

CONTACT NAME AND POSITION: BARBARA CASTLEBERRY, ENVIR. COORD.  
COMPANY NAME: TRANSMONTAIGNE OPERATING Co. LP  
STREET (P.O. BOX): 200 MANSELL CT. EAST SUITE 600  
CITY: ROSWELL STATE: GA ZIP: 30076  
PHONE NUMBER (INCLUDE AREA CODE): 770.518.3671

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Dept of Environmental Quality



**TRANSMONTAIGNE INC.**  
Delivering America's Fuel Supply, on Demand

Federal Express

October 3, 2011

Mr. Jim Morris  
Mississippi Department of Environmental Quality  
General Permits Branch – Office of Pollution Control  
515 E. Amite Street  
Jackson, MS 39201

**Hydrostatic Test General Permit Re-Coverage Form**  
**TransMontaigne Operating Company LP**

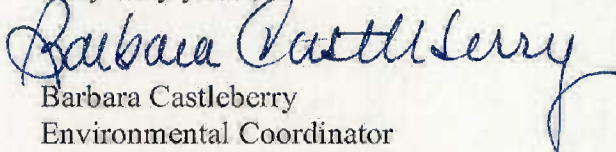
Dear Mr. Morris:

Enclosed are Re-Coverage forms for renewed coverage under the General NPDES Permit MSG13 for the facilities listed below.

Location	Permit No.
TransMontaigne Collins Piedmont #2 Terminal	MSG130025
TransMontaigne Collins Piedmont #1 Terminal	MSG130026
TransMontaigne Greenville Harbor Front Terminal	MSG130027
TransMontaigne Greenville Clay Street Terminal	MSG130028
TransMontaigne Collins Southeast Terminal	MSG130029
TransMontaigne Meridian Terminal	MSG130030
TransMontaigne Purvis Piedmont Terminal	MSG130062

Should you have any questions, please call me at 770/518-3671 or e-mail me at:  
[bcastleberry@transmontaigne.com](mailto:bcastleberry@transmontaigne.com).

Very truly yours,

  
Barbara Castleberry  
Environmental Coordinator

enclosure

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