

AI 993

Request for Termination (RFT) of Coverage

HYDROSTATIC TEST GENERAL PERMIT
 Coverage No. MSG13 0 4 3 6 County Washington
 (Fill in your Certificate of Coverage Number and County)



INSTRUCTIONS

The coverage recipient must terminate coverage when hydrostatic test water will no longer be discharged in accordance with the provisions of ACT11, S-1 of the General Permit. Failure to submit this form is a violation of permit conditions.

All outstanding Discharge Monitoring Report (DMR) Forms must be completed and submitted before coverage can be terminated.

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).

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: ANR Pipeline Company, Greenville Compressor Station

PHYSICAL SITE STREET ADDRESS (if not available, indicate nearest named road): 1336 South Raceway Road

CITY: Greenville

COUNTY: Washington

ZIP: 38701

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT COMPANY NAME: ANR Pipeline Company, a subsidiary of TransCanada

STREET ADDRESS / P.O. BOX: 700 Louisiana Street

CITY: Houston

COUNTY: Harris

ZIP: 77002

COVERAGE RECIPIENT CONTACT NAME: Jackson Lamb

CONTACT POSITION/TITLE: Environmental Specialist

PHONE: (832) 320-5933

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. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with construction activity under this general permit. Discharging pollutants associated with construction activity to waters of the State without proper permit coverage is a violation of state law. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Jackson Lamb
 Authorized Name (Print)

(832) 320-5933
 Telephone

Jackson Lamb
 Signature

3/10/17
 Date Signed

This form shall be signed according to the General Permit, ACT12, T-7 as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

After signing please mail to:

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

Revised: 06/01/11