

John K.

AI #6244



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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MAY - 5 2017

Dept. of Environmental Quality

HYDROSTATIC TEST GENERAL PERMIT RE-COVERAGE FORM

COVERAGE NUMBER: MSG13_0351 . 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: _____
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: Todd Martin, Executive Vice President

CONTACT EMAIL: tmartin@uo-group.com

COMPANY NAME: Utility Optimization Group, LLC

STREET (P.O. BOX): 6917 Stennis Boulevard

CITY: Moss Point STATE: MS ZIP: 39562

PHONE NUMBER (INCLUDE AREA CODE): 228-475-3360

PROJECT OR FACILITY INFORMATION

PROJECT OR FACILITY NAME: Utility Optimization Group, LLC

CONTACT NAME AND POSITION: Scott Parker, Quality Manager

CONTACT EMAIL: sparker@uo-group.com

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 228-475-3360

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: 6917 Stennis Boulevard

CITY: Moss Point COUNTY: Jackson ZIP: 39562


OUTFALL INFORMATION

LIST OUTFALL NUMBERS. (i.e. 001, 002, etc.) THAT WILL REMAIN ACTIVE UNDER REISSUED COVERAGE:

001 002 _____

(NOTE: Any outfalls previously covered, but not listed above, will be de-activated. MDEQ will not send DMRs for inactive outfalls. Coverage recipient will have to submit a Major Modification Form to re-activate outfalls not listed above.)

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.



 Signature¹
 Todd Martin

 Printed Name¹

4/19/17

 Date
 Executive Vice President

 Title

¹This 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

Revised: 03/21/17

April 19, 2017

Harry Wilson, P.E., D.E.E.
Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
P.O. Box 2261
Jackson, MS 39225

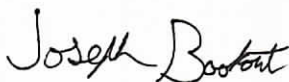
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Re: **Hydrostatic Test General Permit Re-Coverage Form**
Utility Optimization Group LLC
Ref. No. MSG130351
Metal and Metal Fabricators Branch
Moss Point, Mississippi
Jackson County

Pursuant to your letter of instruction, we understand that the Hydrostatic Test General Permit (HTGP – MSG13) was reissued on March 21, 2017. Utility Optimization Group LLC (UO Group) is enclosing a completed *Hydrostatic Test General Permit Re-Coverage Form*, as well as a certificate of good standing from the Mississippi Secretary of State's website. After reviewing the reissued General Permit, we are aware that coverage is intended for facilities with "sporadic" discharges of hydrostatic test water to waters of the state from new or used pipelines, storage tanks, flowlines, etc., used for transportation or storage of natural gas, crude oil, or liquid or gaseous petroleum hydrocarbons, or other substances which would adequately be detected by the effluent limitations in this permit. It is our understanding that UO Group's operations meet these eligibility requirements and, therefore, should be granted coverage of the reissued General Permit. UO Group's discharges are sporadic in nature, and one has not occurred since 2012 as of the date on this letter.

Hydrostatic testing is dependent upon the number of tanks manufactured during a given reporting period, if any, and will occur upon completion of each tank to identify any areas of incontinence before being transported to customers commonly within the oil and gas industry where storage of natural gas, crude oil, and/or other petroleum products take place. Since the General Permit specifically includes new storage tanks, we do not believe there will be pollutants introduced that were not contemplated during the development and reissuance of the General Permit. If you have any questions concerning the attached information, please feel free to contact me at (662) 840-5945 or Scott Parker of UO Group at (228) 475-3360.

Sincerely,



Joseph Bookout
Project Manager

Enclosures

cc: Scott Parker, Utility Optimization Group, Inc.

Name	Title
Michael T Martin 6917 STENNIS BLVD PASCAGOULA, MS 39581	Manager
JOSEPH V D'AMICO, III 1735 TCHOUPITOULAS ST. NEW ORLEANS, LA 70130	
Joseph V Damico 1735 TCHOUPITOULAS ST NEW ORLEANS, LA 70130	President



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
UTILITIES OPTIMIZATION GROUP, L.L.C.	Legal
Utility Optimization Group, LLC	Previous Legal

Business Information

Business Type:	Limited Liability Company
Business ID:	723941
Status:	Good Standing
Effective Date:	06/11/1999
State of Incorporation:	Mississippi
Principal Office Address:	

Registered Agent

Name
Martin, Michael T. 6917 Stennis Blvd.;P.O. Box 1144 Pascagoula, MS 39568

Officers & Directors