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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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MAY 09 2017

MDEQ

# HYDROSTATIC TEST GENERAL PERMIT RE-COVERAGE FORM

**COVERAGE NUMBER: MSG13 0028.** 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: N/A  
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: Tim Yancey, Environmental Coordinator

CONTACT EMAIL: tyancey@transmontaigne.com

COMPANY NAME: TransMontaigne Operating Company LP

STREET (P.O. BOX): 200 mansell Court East, Suite 600

CITY: Roswell STATE: GA ZIP: 30076

PHONE NUMBER (INCLUDE AREA CODE): 770-518-3651

PROJECT OR FACILITY INFORMATION

PROJECT OR FACILITY NAME: Greenville Terminal

CONTACT NAME AND POSITION: Frank Johnson, Terminal Manager

CONTACT EMAIL: fjohnson@transmontaigne.com

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-332-2692

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

STREET: 310 Walthall Street

CITY: Greenville COUNTY: Washington ZIP: 38701


OUTFALL INFORMATION

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

001    004    \_\_\_\_\_

(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.

  
 \_\_\_\_\_  
 Signature<sup>1</sup>  
 Dudley Tarlton  
 \_\_\_\_\_  
 Printed Name<sup>1</sup>

25 Apr 2017  
 \_\_\_\_\_  
 Date  
 V.P. of Envir.Safety Occ. Health  
 \_\_\_\_\_  
 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**

Revised: 03/21/17



DELBERT HOSEMANN  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Partnership ACT to be filed in my office do hereby certify that:

### **TRANSMONTAIGNE OPERATING COMPANY L.P.**

Registered the 21st day of November, 2006

A Delaware Limited Partnership has filed the necessary documents in this office and has obtained a certificate of registration to do business in this State, under the provisions of The Mississippi Limited Partnership Act as shown by the records in this office.

I further certify that said Limited Partnership has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designated its agent and/or attorney for service of process in this State.

C T CORPORATION SYSTEM  
645 LAKELAND EAST DRIVE, Suite 101  
FLOWOOD, MS 39232

I further certify that said Limited Partnership has paid the fees for filing the above papers as required by law as shown by the records of this office and that said partnership is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 4th day of April, 2017

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." written over a horizontal line.

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN17035320

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>