



# Request for Termination (RFT) of Coverage

## HYDROSTATIC TEST GENERAL PERMIT

Coverage No. MSG13 0354 County Covington  
(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: Colonial Pipeline Company Collins Complex

PHYSICAL SITE STREET ADDRESS (if not available, indicate nearest named road):  
35 Pump Station Rd; PO Box 1298

CITY: Collins COUNTY: Covington ZIP: 39428

### COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT COMPANY NAME: Colonial Pipeline Company

STREET ADDRESS / P.O. BOX: 35 Pump Station Rd; PO Box 1298

CITY: Collins COUNTY: Covington ZIP: 39428

COVERAGE RECIPIENT CONTACT NAME: Philip Hux

CONTACT POSITION/TITLE: Environmental Specialist PHONE: (601) 765-9180

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.

Kevin McKay  
Authorized Name (Print)

601-765-9168  
Telephone

[Signature]  
Signature

1-13-22  
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

*m*