



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

**Hydrostatic Test General Permit to Discharge
Hydrostatic Test Water and Storm Water from Construction Activities
NPDES Permit MSG13**

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These standard forms are used to apply for permit coverage under the Hydrostatic Test General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on our website at http://www.deq.state.ms.us/mdeq.nsf/page/epd_epdgeneral. Required information can be completed on screen, saved and/or printed.

Revised: 03/15/17

AI: 88571

Rec'd via email:
03/27/2025



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 MSG130657

(Number to be assigned by MDEQ)

INSTRUCTIONS

The Hydrostatic Test Notice of Intent (HTNOI) is for coverage under the Hydrostatic Test General Permit to discharge hydrostatic test water. Applicant must be the owner or operator. The coverage recipient is responsible for compliance with the conditions of the general permit.

Completed HTNOIs should be filed at least thirty (30) days prior to the commencement of regulated activity. Discharge of hydrostatic test water without written notification of coverage is a violation of state law.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, 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 the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

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.

A USGS quadrangle map or copy is a required submittal. The map shall extend at least one-half of a mile beyond the facility/ project property boundary. In the case of linear pipeline projects the map shall extend at least one-half of a mile beyond the pipeline right-of-way. The site location and outfalls must be outlined and labeled. Quad maps can be obtained from the Office of Geology (601-961-5523). If a copy is submitted, provide the name of the quadrangle map that is found in upper right hand corner.

Additional submittals may include the following:

- Labeled site drawing noting the outfall(s) associated with hydrostatic test water discharge(s)
- List of chemical Additives,
- Appropriate Section 404 documentation from U.S. Army Corps of Engineers, or
- Written authorization from the MDEQ, Office of Land and Water, if water withdrawal from surface waters or ground waters is to be used for the testing. For information call the Office of Land and Water at 601/961-5202

ALL REQUESTED INFORMATION MUST BE PROVIDED (Answer "NA" if not applicable)

APPLICANT IS THE: ☐ OWNER ☐ OPERATOR (Must check one or both)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: _____

OWNER EMAIL ADDRESS: _____

OWNER COMPANY NAME: _____

OWNER STREET (P.O. BOX): _____

OWNER CITY: _____ STATE: _____ ZIP: _____

OWNER PHONE # (INCLUDE AREA CODE): _____

O.C

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: _____

OPERATOR EMAIL: _____

OPERATOR COMPANY: _____

OPERATOR STREET (P.O. BOX): _____

OPERATOR CITY: _____ STATE: _____ ZIP: _____

OPERATOR PHONE # (INCLUDE AREA CODE): _____

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: _____

PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☐ NEW ☐ USED

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: _____

PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):

STREET: _____ CITY: _____

COUNTY: _____ ZIP: _____

Facility site tribal land ID (NA if not applicable) _____

TYPE OF TREATMENT (IF PROVIDED): _____

SIC Code _ _ _ _ NAICS Code _ _ _ _ _

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/or imprisonment for knowing violations.

Signature¹ (Must be signed by operator when different than owner)

Date Signed

Printed Name

Title

¹This application shall be signed according to ACT6, T-17 of the General Permit, 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, the mayor, or ranking elected official.

HTNOI forms must be submitted to: Chief, Environmental Permits Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 03-15-17

OUTFALL INFORMATION

(To be submitted with HTNOI and Major Modification Forms)

INSTRUCTIONS:

- For each outfall, complete the information in the table below (NOTE: Complete the last column of this form, only if it is being submitted with a Major Modification Form).
- All outfalls must be spotted and labeled on a USGS quadrangle map.

| OUTALL NO. | LATITUDE ¹ (deg/min/sec) | LONGITUDE ¹ (deg/min/sec) | SOURCE OF FILL WATER | NEAREST RECEIVING STREAM ² | | | | EST. TOTAL DISCHARGE (MIL GAL) | STATUS OF TANK, PIPELINE, FLOWLINE ETC. | | EXPECTED TEST DATE(S) (mm/dd/yr) | INDICATE WHETHER OUTFALL IS NEW OF EXISTING | |
|------------|--|---|----------------------|---------------------------------------|-----------------------------------|----|------------------------|-----------------------------------|---|------|-------------------------------------|---|----|
| | | | | NAME | ON MDEQ 303(D) LIST? ³ | | HAS TMDL? ³ | | New | Used | | | |
| | | | | | Yes | No | Yes | | | | | | No |
| 001 | | | | | | | | | | | | | |
| 002 | | | | | | | | | | | | | |
| 003 | | | | | | | | | | | | | |
| 004 | | | | | | | | | | | | | |
| 005 | | | | | | | | | | | | | |
| 006 | | | | | | | | | | | | | |
| 007 | | | | | | | | | | | | | |
| 008 | | | | | | | | | | | | | |
| 009 | | | | | | | | | | | | | |
| 010 | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | |
| 012 | | | | | | | | | | | | | |

Revised: 03/15/17

NOTE: To Comply with EPA's NPDES e-Reporting rule, MDEQ has implemented the use of U.S.EPA's NetDMR for the submittal of DMRs. Permittees required to submit DMRs must submit DMRs electronically using NetDMR. A training video and additional info can be found at <http://bit.ly/2gao6sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette Brocks at 601-961-5252

¹ List the latitude and longitude of its location to the nearest 15 seconds.

² Name of the nearest named receiving stream as listed on a USGS Quad Map.

³ MDEQ's 303(d) List of Impaired Water Bodies and approved TMDLs can be found at: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section



HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13 __ __ __ __) COUNTY: _____

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

In accordance with ACT10, R-3 of the Hydrostatic Test General Permit, notification shall be submitted to MDEQ regarding the start date/time and anticipated duration of the surface discharge of hydrostatic test water from the subject project. Submittal of this notification form should be postmarked at least 15 days prior to the discharge start date to allow MDEQ, at its discretion, to schedule an observer to witness the discharge.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: _____

CONTACT PERSON: _____ CONTACT'S PHONE NUMBER: (_____) _____

PROJECT NAME: _____ OUTFALL NUMBER(S): _____

DIRECTIONS TO OUTFALL: _____

DISCHARGE START DATE: _____ DISCHARGE START TIME: _____ DISCHARGE DURATION (hours): _____

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 fine and imprisonment for knowing violations.

Authorized Signature¹

Date

Printed Name

Title

Submit this form to:

Chief, Environmental Compliance and Enforcement Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 3-15-17

¹ This form shall be submitted with an original signature by an authorized individual in accordance with ACT 12, T-7 or T-8 of the General Permit.

MAJOR MODIFICATION FORM FOR HYDROSTATIC TEST GENERAL PERMIT MSG13



INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to include additional outfall(s) or to change the location of existing outfall(s), to utilize new or different water treatment additives, or to expand the acreage or "footprint" of an existing project. This form must be submitted when any of the following activities is/are being proposed (check all that apply).

- ☐ Applicant requests additional discharge outfall(s) and/or relocation of existing outfall(s). Amend and submit Outfall Information Form included in with the previous HTNOI or last Major Modification Form, using the next available outfall number.
- ☐ Applicant requests to utilize new or different water treatment chemicals from what was proposed in the original HTNOI.
- ☐ Applicant requests to utilize as source water a different water of the State than what was originally proposed and approved by the Office of Land and Water (attach new approval).
- ☐ Applicant requests "footprint" identified in the original HTNOI to be enlarged (if modification impacts wetlands, attach Corps of Engineers' Section 404 documentation).

A modified SWPPP and updated USGS topographic map must be attached if an enlargement of the original footprint or rerouting of the original project is proposed. Additions or relocations of existing outfalls must also be located on the topographic map. This form must be signed by the current coverage recipient under Mississippi's Hydrostatic Test General Permit. A different operator must have general permit coverage transferred prior to coverage being modified. Coverage recipients are authorized to implement the proposed modifications, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

PROJECT INFORMATION

HYDROSTATIC TEST GENERAL PERMIT COVERAGE NUMBER:

MSG13 _____

PROJECT NAME: _____

CITY: _____ COUNTY: _____

ADDITIONAL ACREAGE TO BE DISTURBED: _____ TOTAL DISTURBED ACREAGE: _____

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: _____

COMPANY NAME: _____

STREET OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # (INCLUDE AREA CODE): _____

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 fine and imprisonment for knowing violations.

Signature (must be signed by coverage recipient)

Date

Printed Name

Title

Please submit this form to:

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

Revised: 03/15/17

Request for Termination (RFT) of Coverage



HYDROSTATIC TEST GENERAL PERMIT
Coverage No. MSG13 _____ **County** _____
(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: _____

PHYSICAL SITE STREET ADDRESS (if not available, indicate nearest named road): _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT COMPANY NAME: _____

STREET ADDRESS / P.O. BOX: _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

COVERAGE RECIPIENT CONTACT NAME: _____

CONTACT POSITION/TITLE: _____ **PHONE: (_____)** _____

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.

Authorized Name (Print)

Telephone

Signature

Date Signed

¹This 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

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

| | | | | | | | | | |
|---|--|--|---|--|---|---------------------------|---------------------------|--------------------------|--------------------------|
| <p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: _____</p> <p>City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: (_____) _____</p> | <p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p> | | | | | | | | |
| <p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p> | <p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p> | | | | | | | | |
| <p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p> | <p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p> | | | | | | | | |
| <p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p> | <p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p> | | | | | | | | |
| <p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center;"> <p>_____</p> <p>Print New Permittee¹ Name</p> </td> <td style="width: 50%; text-align: center;"> <p>_____</p> <p>Print Previous Permittee¹ Name</p> </td> </tr> <tr> <td style="text-align: center;"> <p>_____</p> <p>New Authorized Signature²</p> </td> <td style="text-align: center;"> <p>_____</p> <p>Previous Authorized Signature²</p> </td> </tr> <tr> <td style="text-align: center;"> <p>_____</p> <p>Title</p> </td> <td style="text-align: center;"> <p>_____</p> <p>Title</p> </td> </tr> <tr> <td style="text-align: center;"> <p>_____</p> <p>Date</p> </td> <td style="text-align: center;"> <p>_____</p> <p>Date</p> </td> </tr> </table> | | <p>_____</p> <p>Print New Permittee¹ Name</p> | <p>_____</p> <p>Print Previous Permittee¹ Name</p> | <p>_____</p> <p>New Authorized Signature²</p> | <p>_____</p> <p>Previous Authorized Signature²</p> | <p>_____</p> <p>Title</p> | <p>_____</p> <p>Title</p> | <p>_____</p> <p>Date</p> | <p>_____</p> <p>Date</p> |
| <p>_____</p> <p>Print New Permittee¹ Name</p> | <p>_____</p> <p>Print Previous Permittee¹ Name</p> | | | | | | | | |
| <p>_____</p> <p>New Authorized Signature²</p> | <p>_____</p> <p>Previous Authorized Signature²</p> | | | | | | | | |
| <p>_____</p> <p>Title</p> | <p>_____</p> <p>Title</p> | | | | | | | | |
| <p>_____</p> <p>Date</p> | <p>_____</p> <p>Date</p> | | | | | | | | |

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

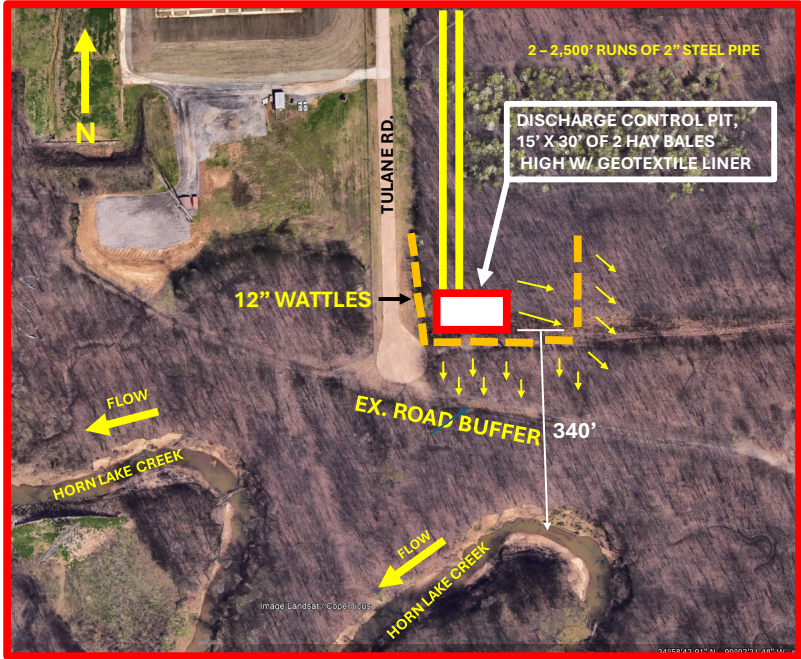
Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

| | |
|--|---|
| <p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p> | <p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p> |
| <p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p> | |
| <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> | <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> |
| <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> | <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> |
| <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> | <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> |
| <p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p> | <p>OTHER INFORMATION:</p> |

SITE OVERVIEW & DETAILS



SITE OVERVIEW



DISCHARGE CONTROL/ FILTERING DETAIL



Michael Watson

SECRETARY OF STATE

This is not an official certificate of good standing.

Name History

| Name | Name Type |
|--------------------------------|-----------|
| Omega Foundation Services Inc. | Legal |

Business Information

| | |
|----------------------------------|---|
| Business Type: | Profit Corporation |
| Business ID: | 1428330 |
| Status: | Good Standing |
| Effective Date: | 02/05/2024 |
| State of Incorporation: | LA |
| Principal Office Address: | 120 Rue Beauregard Suite 200 Lafayette, LA 70508 |

Registered Agent

| |
|---------------------------------|
| Name |
| REGISTERED AGENT SOLUTIONS, INC |
| 8927 Lorraine Rd., Ste. 204-A |
| Gulfport, MS 39503 |

Officers & Directors

| Name | Title |
|--|---|
| Andrew Wade Bennett 120 Rue Beauregard Suite 200 Lafayette, LA 70508 | Director, President |
| Candace Melara 120 Rue Beauregard, Suite 200 Lafayette, LA 70508 | Secretary, Treasurer, Chief Financial Officer |