

AI #1983

Deanna

MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

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 30 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 the previous coverage included regulated construction activities which, are to be continued under this re-coverage, amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. SWPPP amendments with the sole intent of incorporating new permit conditions do not need to be submitted to MDEQ for review and/or approval.

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 and/or storm water associated with regulated construction activity 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).

Certificate of Coverage should be mailed to: ☒ Coverage Recipient ☐ Facility (please check one)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME AND POSITION: BARBARA CASTLEBERRY, ENVIR. COORD.
COMPANY NAME: TRANSMONTAIGNE OPERATING Co. LP
STREET (P.O. BOX): 200 MANSELL CT. EAST SUITE 600
CITY: ROSWELL STATE: GA ZIP: 30076
PHONE NUMBER (INCLUDE AREA CODE): 770.518.3671

RECEIVED

OCT 4 2011

Dept of Environmental Quality

PROJECT OR FACILITY INFORMATION

PROJECT OR FACILITY NAME: TRANSMONTAIGNE GREENVILLE CLAY STREET
 CONTACT NAME AND POSITION: FRANK JOHNSON, TERMINAL MGR.
 CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662. 332. 2692
 PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
 STREET: 310 WALTHALL ST.
 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.)

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

DID THE PREVIOUS COVERAGE INCLUDE REGULATED CONSTRUCTION ACTIVITY?
 (see Definitions in ACT13, T-25 of the General Permit)

☐ YES

☒ NO

IF YES, THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE OR LOCALLY AVAILABLE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERAGE.

- | | | |
|--|--------------------------------------|-----------------------------|
| 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPs TO EFFECTIVELY CONTROL THEM? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES <u>ONLY</u> FROM THE SURFACE OF THE BASIN (ACT8, T-6 (2)(A))? | <input type="checkbox"/> YES or N.A. | <input type="checkbox"/> NO |
| 4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (4) OF THE PERMIT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. DOES THE SWPPP REQUIRE VEGETATIVE PRACTICES TO BEGIN WITHIN 7 DAYS WHEN A DISTURBED AREA WILL BE LEFT FOR 14 DAYS (ACT8, T-4 (1)), INSTEAD OF 30 DAYS AS REQUIRED BY THE PREVIOUS PERMIT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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 further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to discharge storm water associated with construction activity under this general permit. I understand that discharging pollutants associated with construction activity to waters of the State without proper permit coverage is in violation of state law.

I am aware of the significant changes in the requirements for construction activities and certify the SWPPP for this project has been modified to incorporate these changes.

Signature¹

DUDLEY TARLTON

Printed Name¹

Date

9/30/11
V. P. ESOH

Title

¹This form shall be signed by the current coverage recipient according to ACT12, T-7 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: 06/01/11