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HYDROSTATIC TEST GENERAL PERMIT RE-COVERAGE FORM

COVERAGE NUMBER: MSG13 0466. 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: Ken Brinegar
CONTACT EMAIL: ken_brinegar@kindermorgan.com
COMPANY NAME: Kinder Morgan Southeast Terminals, LLC
STREET (P.O. BOX): 1000 Windward Concourse, Suite 450
CITY: Alpharetta STATE: GA ZIP: 30005
PHONE NUMBER (INCLUDE AREA CODE): (770) 751-4142

PROJECT OR FACILITY INFORMATION

PROJECT OR FACILITY NAME: Kinder Morgan Southeast Terminals - Collins Terminal

CONTACT NAME AND POSITION: Bryan Scarbrough

CONTACT EMAIL: bryan_scarbrough@kindermorgan.com

CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 765-8918

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

STREET: 31 Kola Road

CITY: Collins COUNTY: Covington ZIP: 39428

OUTFALL INFORMATION

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

005-S 007-S _____

(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.

Ken Brinegar
 Signature¹
 Ken Brinegar
 Printed Name¹

04/20/2017
 Date
 Director - Operations
 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



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 Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

KINDER MORGAN SOUTHEAST TERMINALS LLC

Registered the 8th day of December, 2003

A Delaware LIMITED LIABILITY COMPANY 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 Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

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

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

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

Given under my hand and seal of office
the 19th day of April, 2017

Handwritten signature of C. Delbert Hosemann, Jr. in black ink.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17035913

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



April 20, 2017

RECEIVED
APR 21 2017
Dept. of Environmental Quality

Chief, Environmental Permits Division
Office of Pollution Control
Mississippi Department of Environmental Quality
515 East Amite Street
Jackson, MS 39201

Re: Hydrostatic Test General Permit Re-Coverage Form
Kinder Morgan SE Terminals – Collins Terminal
Collins, Mississippi
Covington County
Permit No. MSG130466

Dear Sir/Madam:

Please find enclosed the Hydrostatic Test General Permit Re-Coverage Form for hydrostatic test water discharges from Outfalls 005 and 007 at the Collins Terminal. Also included is a current Certificate of Good Standing issued by the Mississippi Secretary of State.

If you have any questions or require additional information, please contact Jenni Melder at (225) 778-2349 or Bryan Scarbrough at (601) 765-8918. Thank you for your time regarding this matter.

Sincerely,

A handwritten signature in blue ink that reads 'Ken Brinegar'. The signature is written in a cursive, flowing style.

Ken Brinegar
Director - Operations

Enclosure