

AI #4363

Becky

MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

HYDROSTATIC TEST GENERAL PERMIT RE-COVERAGE FORM

COVERAGE NUMBER: MSG13 0385. 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: James Powell
CONTACT EMAIL: jimmy_powell@kindermorgan.com
COMPANY NAME: Plantation Pipe Line Company
STREET (P.O. BOX): 1000 Windward Concourse, Suite 450
CITY: Alpharetta **STATE:** GA **ZIP:** 30005
PHONE NUMBER (INCLUDE AREA CODE): (713) 420-4715

RECEIVED

APR 27 2017

Dept. of Environmental Quality

PROJECT OR FACILITY INFORMATION

PROJECT OR FACILITY NAME: Plantation Pipe Line Company - Collins Terminal
CONTACT NAME AND POSITION: Steve Polk
CONTACT EMAIL: steve_polk@kindermorgan.com
CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 698-3921
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
STREET: 356 MS Highway 588 East
CITY: Collins COUNTY: Covington ZIP: 39428

OUTFALL INFORMATION

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

002-S 003-S 004-S 005-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.

Signature¹

James Powell

Printed Name¹

Date

April 21, 2017

Title

Vice President - Operations

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 laws of Mississippi, to be filed in my office, do hereby certify:

That on the 17th day of January, 1941, the State of Mississippi issued a Charter/Certificate of Authority to:

PLANTATION PIPE LINE COMPANY

That the state of incorporation is Delaware.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said PLANTATION PIPE LINE COMPANY is in good standing at this time.

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

A handwritten signature in dark ink, reading "C. Delbert Hosemann, Jr.", written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17035912

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



April 20, 2017

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
Plantation Pipe Line Company – Collins Terminal
Collins, Mississippi
Covington County
Permit No. MSG130385

Dear Sir/Madam:

Please find enclosed the Hydrostatic Test General Permit Re-Coverage Form for hydrostatic test water discharges from Outfalls 002-S, 003-S, 004-S and 005-S 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 Steve Polk at (601) 698-3921. Thank you for your time regarding this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "J Powell", written over a faint circular stamp.

James Powell
Vice President - Operations

Enclosure

RECEIVED

APR 27 2017

Dept. of Environmental Quality

1000 Windward Concourse, Suite 450
Alpharetta, GA 30005