



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY



HYDROSTATIC TEST GENERAL PERMIT RE-COVERAGE FORM

The submittal of this form is required to continue coverage under Mississippi's Reissued Hydrostatic Test General Permit MSG13

COVERAGE NUMBER: MSG13 0 0 3 4. 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.

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 this form within 30 days of the date of the Letter of Instruction for Re-coverage.

The applicant must be the owner or operator (entity that controls the regulated discharge). The owner or operator that receives coverage is responsible for permit compliance. Do not submit this form if submitting a "Request for Termination."

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: ☒ owner/operator ☐ facility (please check one)

☒ OPERATOR ☒ OWNER INFORMATION (MUST CHECK ONE OR BOTH)

Contact Name and Position: Xavier Allemandou

Company Name: SG Resources, Mississippi, L.L.C.

Street (P.O. Box): 7500 San Felipe, Suite 600

City: Houston State: TX Zip: 77063

Phone Number (include area code): (713) 914-8188

September 2006

PROJECT OR FACILITY INFORMATION

Project or Facility Name: Southern Pines Energy Center

Contact Name and Position: Scott Hicks

Contact Phone Number (include area code): (601) 525-3444

Physical Site Address (if not available indicate nearest named road):

Street: 2501 Tung Oil Road

City: Leakesville

County: Greene

Zip: 39541

DISCHARGE INFORMATION

Where is the Hydrostatic Test Water Being Discharged? (nearest named receiving stream or streams)

Tributary of Little Creek

Rate of Flow (MGD): 288 - Intermittently

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.

Signature¹

Xavier Allemandou

Printed Name¹

10/27/2006

Date

Vice President

Title

¹ This form shall be signed according to the General Permit, Activity 12, T-4, page 28, 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
Office of Pollution Control
P.O. Box 10385
Jackson, MS 39289-0385