



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT GENERAL PERMIT MSG13 0004

(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: N/A
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: Omega Protein, Inc.

OWNER STREET (P.O. BOX): 5735 Elder Ferry, Rd

OWNER CITY: Moss Point STATE: MS ZIP: 39563

OWNER PHONE # (INCLUDE AREA CODE): _____

02



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
MAY 04 2022
Dept. of Environmental Quality

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

HYDROSTATIC TEST FORMS PACKAGE

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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

30

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Andy Schmitz

OPERATOR EMAIL: Andy.schmitz@oceanharvesters.com

OPERATOR COMPANY: Omega Protein, inc.

OPERATOR STREET (P.O. BOX): 5735 Elder Ferry, Rd

OPERATOR CITY: Moss Point STATE: MS ZIP: 39563

OPERATOR PHONE # (INCLUDE AREA CODE): 228-246-9864

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Omega Protein/ Tank #46

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

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: N/A

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

STREET: 5735 Elder Ferry, Rd CITY: Moss Point

COUNTY: Jackson ZIP: 39563

Facility site tribal land ID (NA if not applicable) N/A

TYPE OF TREATMENT (IF PROVIDED): None

SIC Code 2077 NAICS Code 311710

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.

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

Andy Schmitz
Printed Name

5/2/22
Date Signed

General Manager
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

OUTFALL INFORMATION

(To be submitted with HTNOI and Major Modification Forms)

INSTRUCTIONS:

1. 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).
2. All outfalls must be spotted and labeled on a USGS quadrangle map.

OUTFALL 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	30.42345	-88.51371	Escatawpa river	Escatawpa river	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.5	X		06/06/22-06/15/22	NEW
002					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
003					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
004					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
005					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
006					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
007					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
008					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
009					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
010					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
011					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
012					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

In accordance with ACT 10, 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: Omega Protein, Inc.

CONTACT PERSON: Andy Schmitz CONTACT'S PHONE NUMBER: (228) 246-9864

PROJECT NAME: Tank #46 test OUTFALL NUMBER(S): 001

DIRECTIONS TO OUTFALL: From the main gate of the facility location, the direction of the outfall will be Pass through the gate, on to the dock area. turn right pass the fish unloading pumps and the fish oil pipe. (shown on the site drawing, included)

DISCHARGE START DATE: 6/15/22 DISCHARGE START TIME: 8:00 am DISCHARGE DURATION (hours): 48 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.

Andy Schmitz
Authorized Signature

Andy Schmitz
Printed Name

5/2/22

Date

General Manager
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** 246-9864
PROJECT NAME: Tank #46 test
CITY: _____ COUNTY: _____
ADDITIONAL ACREAGE TO BE DISTURBED: _____ TOTAL DISTURBED ACREAGE: _____

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: _____
COMPANY NAME: Omega Protein, Inc.
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

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: Moss Point COUNTY: _____ ZIP: _____

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT COMPANY NAME: _____

STREET ADDRESS / P.O. BOX: _____

CITY: _____ COUNTY: _____ ZIP: 39563

COVERAGE RECIPIENT CONTACT NAME: _____

CONTACT POSITION/TITLE: _____ PHONE: (_____) 246-9864

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 style="font-size: 1.2em;">2077</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 style="text-align: center;">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>	
<p>_____ Print New Permittee¹ Name</p> <p>_____ New Authorized Signature²</p> <p>_____ Title</p>	<p>_____ Print Previous Permittee¹ Name</p> <p>_____ Previous Authorized Signature²</p> <p>_____ Title</p>
<p>_____ Date</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>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<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>
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<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>



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, 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 12th day of July, 1960, the State of Mississippi issued a Charter/ Certificate of Authority to:

OMEGA PROTEIN, INC.

That the state of incorporation is Virginia.

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 OMEGA PROTEIN, INC. is in good standing at this time.

Given under my hand and seal of office
the 22nd day of February, 2022

Michael Watson

Certificate Number: CN22131900

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



1301 Marsh Street
 Norfolk, VA
 23523

Site Location:
 5735 Elder Ferry Road
 Moss Point, MS 39563

Project:
 286.4014

Approximate Scale
 1 : 24,000

Certography By:
 B. Scott

Date:
 March 27, 2012

Figure 1: Site Location Map

REV	DATE	BY	CHK	SCALE	DESCRIPTION
1	7/27/72
2
3
4
5
6
7
8
9
10
11
12
13
14

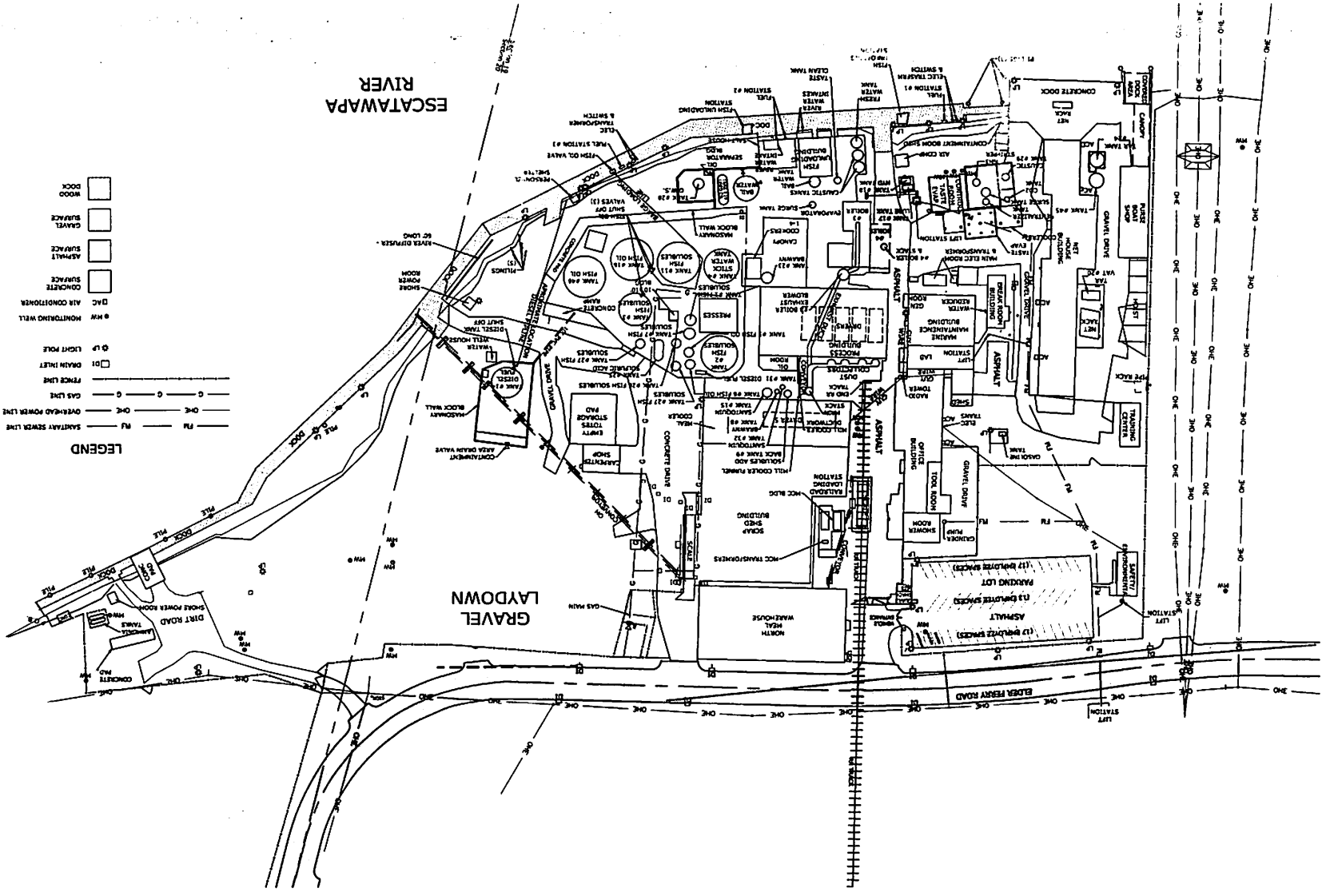
OMEGA PROTEIN - MOSS POINT, MS
 UPDATED SITE PLAN
 OVERALL SITE PLAN



- 14. COOLER FOUNDATIONS
- 13. TANK #14 CONTAINMENT
- 12. NEW TANK (TANK #45)
- 11. FISH OIL TANK CONTAINMENT
- 10. NEW FISH OIL TANK (TANK #46)
- 9. NEW LAB BUILDING
- 8. RIVER DUCTILE
- 7. NEW DOCK
- 6. NEW GAS LINE
- 5. ADDITIONAL COOKERS
- 4. ADDITIONAL DRYERS
- 3. MCC TRANSFORMERS
- 2. NEW WASTE CUMP FOUNDATION
- 1. UPDATED PIERSE BOAT TRAIL

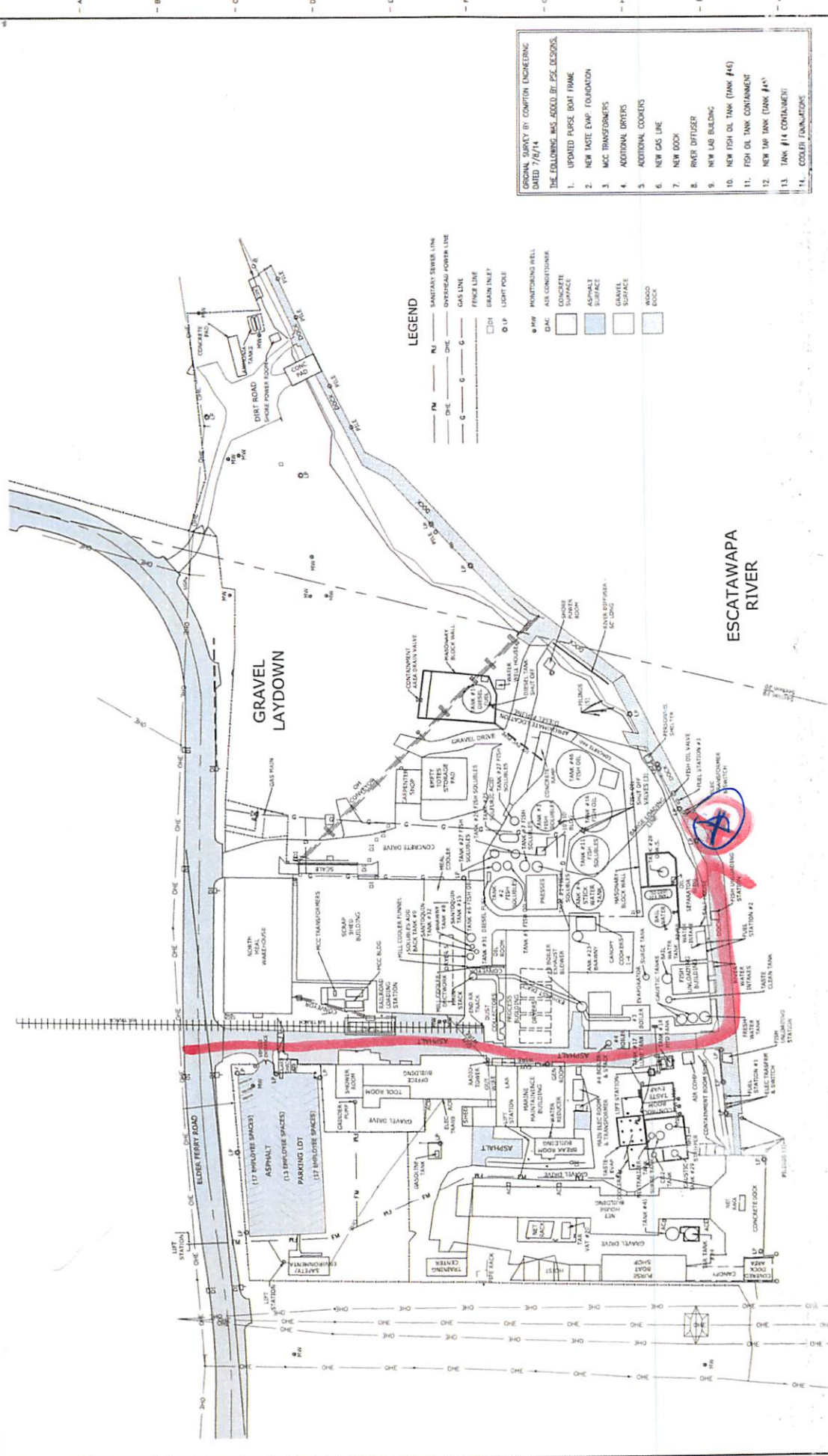
LEGEND

- MHW MOUNTAINING WELL
- D/C AIR CONDITIONER
- CONCRETE SURFACE
- ASPHALT SURFACE
- GRAVEL SURFACE
- DOCK
- DI DRAIN INLET
- LP LIGHT POLE
- FL SKATRYAN SEWER LINE
- OWE OVERHEAD POWER LINE
- GAS LINE
- FENCE LINE
- DIRT ROAD
- MOUNTAINING WELL
- AIR CONDITIONER
- CONCRETE SURFACE
- ASPHALT SURFACE
- GRAVEL SURFACE
- DOCK



17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0



- ORIGINAL SURVEY BY COMPTON ENGINEERING DATED 7/8/14
THE FOLLOWING HAS BEEN ADDED BY PSE DESIGN:
1. UPDATED PAPER BOAT FRAME
 2. NEW TASTE EMP. FOUNDATION
 3. MCC TRANSFORMERS
 4. ADDITIONAL BRIDGES
 5. ADDITIONAL COOKERS
 6. NEW GAS LINE
 7. NEW DOCK
 8. RIVER OFFICER
 9. NEW LAB BUILDING
 10. NEW FISH OIL TANK (TANK #46)
 11. FISH OIL TANK CONTAINMENT
 12. NEW 140 TANK (TANK #47)
 13. TANK #14 CONTAINMENT
 14. COOLER (EXHAUSTION)

- LEGEND
- FM SANITARY FENDER LINE
 - DHE OVERHEAD POWER LINE
 - G GAS LINE
 - DI GRAIN INLET
 - LP LIGHT POLE
 - HW MONITORING WELL
 - AC AIR CONDITIONER
 - CONCRETE SURFACE
 - ASPHALT SURFACE
 - GRAVEL SURFACE
 - WOOD SURFACE
 - ROCK

DWG. NO.	AUTOCAD DRAWING	DWG. NO.	REFERENCE DRAWINGS				NO.	REVISION	BY	CHK	APP	DATE	DATE	OVERALL SITE PLAN					
			NO.	REV.	DATE	NO.								REV.	DATE	NO.	REV.	DATE	
														SCALE	DATE	FILE NAME	SCALE	DATE	REV

OMEGA PROTEIN - MOCCASIN POINT, MS
UPDATED SITE PLAN



DWG. NO.	AUTOCAD DRAWING	DWG. NO.	REFERENCE DRAWINGS	NO.	REVISION	BY	CHK	APP	DATE	DATE