HYDROSTATIC TEST GENERAL PERMIT
RE-COVERAGE FORM

COVERAGE NUMBER: MSG13 0 0 1 9. 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: Sheila Johnsen, Environmental Coordinator

CONTACT EMAIL: sjohnsen@transmontaigue.com

COMPANY NAME: TransMontaigne Operating Company LP

STREET (P.O. BOX): 1670 Broadway Suite 3100

CITY: Denver STATE: CO ZIP: 80202

PHONE NUMBER (INCLUDE AREA CODE): 303-860-5377
**PROJECT OR FACILITY INFORMATION**

**PROJECT OR FACILITY NAME:** TransMontaigne Collins Southeast Terminal  
**CONTACT NAME AND POSITION:** Chris Lee, Terminal Manager  
**CONTACT EMAIL:** clee@transmontaigne.com  
**CONTACT PHONE NUMBER (INCLUDE AREA CODE):** 601-765-6878  
**PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):**  
**STREET:** 1610 South First St.  
**CITY:** Collins  
**COUNTY:** Covington  
**ZIP:** 39428

**OUTFALL INFORMATION**

**LIST OUTFALL NUMBERS. (i.e. 001, 002, etc.) THAT WILL REMAIN ACTIVE UNDER REISSUED COVERAGE:**  
| 002 | 003 | 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.)*

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.

**Signature:**  
Dudley Tarlton  
**Printed Name:** Dudley Tarlton  
**Date:** 6-22-2022  
**V.P. ESOH:**  
**Title:**

*This form shall be signed by the current coverage recipient according to ACT5, 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
June 13, 2022

Mr. Dudley Tarlton
TransMontaigne Operating Company LP, Purvis Terminal
PO Box 5660
Denver, CO 80217-5660

Dear Mr. Tarlton:

Re: TransMontaigne Operating Company LP, Purvis Terminal
Letter of Instruction for Hydrostatic Test Re-Coverage
Ref. No. MSG130068
Lamar County

The Permit Board on Environmental Quality reissued the Hydrostatic Test General Permit (MSG13) on June 7, 2022. This general permit authorizes the sporadic discharges of hydrostatic test water to waters of the State from new or used pipelines, storage tanks, flowlines, etc., used for transportation or storage of natural gas, crude oil, or liquid or gaseous petroleum hydrocarbons, or other substances which would adequately be detected by the effluent limitations in this permit. The permit is reissued for a five-year period that will end on May 31, 2027.

The above referenced facility has coverage under the previous general permit that expired on February 28, 2022. To remain covered under a valid general permit, the coverage recipient must complete the enclosed “Re-Coverage Form” and send it to the indicated address by July 31, 2022.

A new Certificate of Permit Coverage will not be mailed to the coverage recipient. Coverage recipients should access and print their Certificate of Coverage from the MDEQ website. Additional information can be found at: https://www.mdeq.ms.gov/htgp/. If a coverage recipient does not have access to the internet, MDEQ will mail a certificate of coverage only upon request. Please keep a copy of the signed and completed “Re-Coverage Form” as proof of coverage until the certificate of coverage can be obtained. The Hydrostatic Test General Permit and associated forms are available on MDEQ’s website at: https://www.mdeq.ms.gov/htgp/.

If you do not have access to the internet or require additional assistance, please contact personnel in the Water 1 Permitting Branch at (601) 961-5171.

Sincerely,

Tracy Tomkins, P.E., BCEE
Water 1 Branch Manager
Environmental Permits Division

Enclosure