



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HYDROSTATIC TEST GENERAL PERMIT RE-COVERAGE FORM

COVERAGE NUMBER: MSG13 ____ ____ ____ ____ . 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: _____

CONTACT EMAIL: _____

COMPANY NAME: _____

STREET (P.O. BOX): _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER (INCLUDE AREA CODE): _____

PROJECT OR FACILITY INFORMATION

PROJECT OR FACILITY NAME: _____
CONTACT NAME AND POSITION: _____
CONTACT EMAIL: _____
CONTACT PHONE NUMBER (INCLUDE AREA CODE): _____
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):
STREET: _____
CITY: _____ **COUNTY:** _____ **ZIP:** _____

OUTFALL INFORMATION

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

(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

Date

Printed Name¹

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