



MISSISSIPPI DEPARTMENT 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](http://www.deq.state.ms.us/mdeq.nsf/page/epd_epdgeneral). Required information can be completed on screen, saved and/or printed.**

**Revised: 06/01/11**



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

## FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

### GENERAL PERMIT

### GENERAL PERMIT MSG13 \_\_\_\_ \_

(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 and storm water associated with land disturbing activities of one (1) acre or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than one (1) acre but will ultimately disturb one (1) or more acres. 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 or storm water from regulated construction activities without written notification of coverage is a violation of state law.

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:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT8 of the General Permit, if the project includes regulated construction activity disturbing five (5) acres or more
- A description of proposed water treatment additives as outlined in ACT4, S-4 of the General Permit
- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- 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 COMPANY NAME: \_\_\_\_\_

OWNER STREET (P.O. BOX): \_\_\_\_\_

OWNER CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER PHONE # (INCLUDE AREA CODE): \_\_\_\_\_

**OPERATOR INFORMATION**

<b>OPERATOR CONTACT NAME &amp; POSITION:</b> _____		
<b>OPERATOR COMPANY:</b> _____		
<b>OPERATOR STREET (P.O. BOX):</b> _____		
<b>OPERATOR CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP:</b> _____
<b>OPERATOR PHONE # (INCLUDE AREA CODE):</b> _____		

**FACILITY/PROJECT INFORMATION**

<b>FACILITY/PROJECT NAME:</b> _____	<b>SIC Code:</b> _____
<b>PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS:</b>	<input type="checkbox"/> <b>NEW</b> <input type="checkbox"/> <b>USED</b>
<b>IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT:</b> _____	
<b>IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED:</b> _____ (NOTE: A construction SWPPP must be attached with this HTNOI, if disturbing five (5) acres or more).	
<b>PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):</b>	
<b>STREET:</b> _____	<b>CITY:</b> _____
<b>COUNTY:</b> _____	<b>ZIP:</b> _____
<b>TYPE OF TREATMENT (IF PROVIDED):</b> _____	

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.

\_\_\_\_\_  
**Signature<sup>1</sup> (Must be signed by operator when different than owner)**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

<sup>1</sup>This application shall be signed according to ACT12, T-7 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**

Revised: 06/01/11

## 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 <sup>1</sup> (deg/min/sec)	LONGITUDE <sup>1</sup> (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM <sup>2</sup>				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? <sup>3</sup>		HAS TMDL? <sup>3</sup>		New	Used			
					Yes	No	Yes						No
001													
002													
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

Revised: 06/01/11

<sup>1</sup> List the latitude and longitude of its location to the nearest 15 seconds.

<sup>2</sup> Name of the nearest named receiving stream as listed on a USGS Quad Map.

<sup>3</sup> 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](http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)



**HYDROSTATIC TEST GENERAL PERMIT**  
**COVERAGE NUMBER (MSG13 \_\_ \_\_ \_\_) COUNTY: \_\_\_\_\_**

**NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER**

**INSTRUCTIONS**

**In accordance with ACT10, 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: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT'S PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ OUTFALL NUMBER(S): \_\_\_\_\_

DIRECTIONS TO OUTFALL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISCHARGE START DATE: \_\_\_\_\_ DISCHARGE START TIME: \_\_\_\_\_ DISCHARGE DURATION (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.

\_\_\_\_\_  
**Authorized Signature<sup>1</sup>**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

**Submit this form to:**

**Chief, Environmental Compliance and Enforcement Division  
MDEQ, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225**

Revised: 05/24/11

<sup>1</sup> 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.

**HYDROSTATIC TEST GENERAL PERMIT  
 MONTHLY CONSTRUCTION INSPECTION AND CERTIFICATION FORM  
 FOR EROSION AND SEDIMENT CONTROLS  
 COVERAGE NUMBER MSG13 \_\_\_\_\_ COUNTY: \_\_\_\_\_**



**INSTRUCTIONS**

All coverage recipients who are involved in regulated construction activities shall use this form to record site inspections in accordance with the provisions of ACT9, S-4 of the General Permit. Inspections of erosion controls and other SWPPP requirements must be performed weekly (for a minimum of four inspections per month) and certified monthly. If necessary, attach additional sheets to record deficiencies or corrective actions (please print). The coverage number and county must be listed at the top of all Inspection and Certification Forms.

**COVERAGE RECIPIENT INFORMATION**

**OWNER/PRIME CONTRATOR NAME:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**PROJECT STREET ADDRESS:** \_\_\_\_\_

**PROJECT CITY:** \_\_\_\_\_ **PROJECT COUNTY:** \_\_\_\_\_

**OWNER/PRIME CONTRACTOR MAILING ADDRESS:** \_\_\_\_\_

**MAILING CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **CONTACT PHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_

**INSPECTION DOCUMENTATION**

DATE (mo/day/yr)	TIME (hr:min AM/PM)	ANY DEFICIENCIES? (CHECK IF YES)	INSPECTOR(S)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Deficiencies Noted During any Inspection (give date(s); attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based upon this inspection, which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan (SWPPP) and sound engineering practices as required by the above referenced permit. I further certify that the LCNOI and SWPPP information is up to date.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons 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.

\_\_\_\_\_  
 Authorized Signature <sup>1</sup>

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

<sup>1</sup> Form must be signed according to the provisions of ACT12, T-7 and T-8 of the General Permit.

# REQUEST FOR TERMINATION OF THE WEEKLY CONSTRUCTION EROSION AND SEDIMENT CONTROL INSPECTIONS



UNDER HYDROSTATIC TEST GENERAL PERMIT  
Coverage No. MSG13 \_\_\_\_\_ County: \_\_\_\_\_  
(Fill in your Certificate of Coverage Number)

## INSTRUCTIONS

For projects that have completed regulated construction activities, but for which hydrostatic testing continues, the coverage recipient may terminate weekly inspections required by ACT9, S-4 of the General Permit and monthly recordkeeping requirements of ACT10, R-1 by completing and submitting this form to the address below.

The coverage recipient shall notify the MDEQ if construction activities are resumed and weekly inspections shall commence immediately and as required in ACT9, S-4.

## COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
STREET OR P.O. BOX: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE # (INCLUDE AREA CODE): \_\_\_\_\_

## PROJECT INFORMATION

PROJECT NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
HAVE LAND DISTURBING ACTIVITIES CEASED?  YES  NO  
HAVE DISTURBED AREAS REACHED FINAL STABILIZATION (see Definitions in ACT13)?  YES  NO  
HAVE COLOR PHOTOS OF CURRENT SITE CONDITIONS BEEN ATTACHED?  YES  NO

(NOTE: If you answered "NO" to any of the above questions, weekly inspections cannot be terminated.)

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. **I further certify that: land disturbing activities have ceased, no further land disturbing activities are planned, the site is stable with no active erosion, and vegetative cover has been established.**

\_\_\_\_\_  
Signature (must be signed by coverage recipient)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
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**

# 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 _____
PROJECT NAME: _____	
CITY: _____	COUNTY: _____
ADDITIONAL ACREAGE TO BE DISTURBED: _____	TOTAL DISTURBED ACREAGE: _____

## COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: _____		
COMPANY NAME: _____		
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

Revised: 06/01/11



# 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 style="padding-left: 40px;">Street: _____</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p>				
<p>Item III.</p> <p>Previous Permittee<sup>1</sup>: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee<sup>1</sup>: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>				
<p>Item V.</p> <p>Industrial Activity      SIC Code: _____</p> <p>Brief Description:</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 Signature<sup>2</sup>: _____</p> <p>Title: _____ Date: _____</p>				
<p>Item IX.</p> <p>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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____ Print New Permittee<sup>1</sup> Name</p> <p>_____ New Authorized Signature<sup>2</sup></p> <p>_____ Title</p> </td> <td style="width: 50%; border: none;"> <p>_____ Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p>_____ Title</p> </td> </tr> <tr> <td style="width: 50%; border: none;"> <p>_____ Date</p> </td> <td style="width: 50%; border: none;"> <p>_____ Date</p> </td> </tr> </table>		<p>_____ Print New Permittee<sup>1</sup> Name</p> <p>_____ New Authorized Signature<sup>2</sup></p> <p>_____ Title</p>	<p>_____ Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p>_____ Title</p>	<p>_____ Date</p>	<p>_____ Date</p>
<p>_____ Print New Permittee<sup>1</sup> Name</p> <p>_____ New Authorized Signature<sup>2</sup></p> <p>_____ Title</p>	<p>_____ Print Previous Permittee<sup>1</sup> Name</p> <p>_____ Previous Authorized Signature<sup>2</sup></p> <p>_____ Title</p>				
<p>_____ Date</p>	<p>_____ Date</p>				

<sup>1</sup>A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup>Authorized 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>
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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>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>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><b>OTHER INFORMATION:</b></p>
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# 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:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

## COVERAGE RECIPIENT INFORMATION

**COVERAGE RECIPIENT COMPANY NAME:** \_\_\_\_\_

**STREET ADDRESS / P.O. BOX:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**COVERAGE RECIPIENT CONTACT NAME:** \_\_\_\_\_

**CONTACT POSITION/TITLE:** \_\_\_\_\_ **PHONE: (\_\_\_\_\_)** \_\_\_\_\_

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

<sup>1</sup>This 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**

Revised: 06/01/11