DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

FACILITY INSPECTION REQUIREMENTS

1. Date of Inspection	2. COTP Zone/Unit	3. MISLE Activity Number	4. FIN
01JUL21	OHR / MSU Huntington		

5. Facility Name	6. Inspection Type
~~Elkin~~ EnLink Midstream	SSC

Contact the inspecting officer to verify compliance when the following item(s) have been corrected:

Description	Cite	Due Date
Zero Deficiencies		

Facility Representative: *(print)* Garrett Fleming	Signature:
USCG Inspector: *(print)* MST2 JONATHAN BRADDY	Signature:
Phone: 304-733-0198	Email: STL-PF-MSUHUNTINGTON-FACILITIES@USCG.MIL

CG-835F (04/18)