

AI #993
Gnp20150001

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 of "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 0 4 3 6

PROJECT NAME: ANR Pipeline Greenville Compressor Station

CITY: Greenville

COUNTY: Washington

ADDITIONAL ACREAGE TO BE DISTURBED: 0

TOTAL DISTURBED ACREAGE: 0

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: John Cooksey

COMPANY NAME: ANR Pipeline Company

STREET OR P.O. BOX: 717 Texas Street

CITY: Houston

STATE: TX

ZIP: 77002

PHONE # (INCLUDE AREA CODE): 832-320-5535

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.

Randall W. Schmiedgall
Signature (must be signed by coverage recipient)

Randall W. Schmiedgall
Printed Name

March 26, 2015
Date

VP US GAS Pipelines & Storage Operations
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