

AI #69766  
Gn P20160001



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

RECEIVED  
MAY - 2 2016  
Dept. of Environmental Quality

## HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

### FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

#### GENERAL PERMIT

GENERAL PERMIT MSG13 0477

(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: Tina Faraca, Vice President, Engineering and Construction

OWNER COMPANY NAME: Texas Eastern Transmission, LP

OWNER STREET (P.O. BOX): 5400 Westheimer Court, 5B-43

OWNER CITY: Houston STATE: TX ZIP: 77056

OWNER PHONE # (INCLUDE AREA CODE): 713-515-0689

### OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Travis Faul, Environmental Construction Permitting  
OPERATOR COMPANY: Texas Eastern Transmission, LP  
OPERATOR STREET (P.O. BOX): 5400 Westheimer Court, 5B-43  
OPERATOR CITY: Houston STATE: TX ZIP: 77056  
OPERATOR PHONE # (INCLUDE AREA CODE): 713-515-0689

### FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: MS UCHC-CLIN, LN 14 Pipe Replacement SIC Code: 4 9 2 2  
PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☒ NEW ☐ USED  
IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: \_\_\_\_\_  
IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: 2  
(NOTE: A construction SWPPP must be attached with this HTNOI, if disturbing five (5) acres or more).  
PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):  
STREET: Harvey Dr NW CITY: Union Church  
COUNTY: Lincoln ZIP: 39668  
TYPE OF TREATMENT (IF PROVIDED): Norweco Bio-Neutralizer dechlorination tablets

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.

Tina Faraca  
Signature<sup>1</sup> (Must be signed by operator when different than owner)

Tina Faraca  
Printed Name

April 20, 2016

Date Signed

VP, Engineering & Construction  
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:

- 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).
- 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 OR EXISTING	
				NAME	ON MDEQ 303(D) LIST? <sup>3</sup>		HAS TMDL? <sup>3</sup>		New	Used			
					Yes	No	Yes						No
001	31°40'39.7"N	90°43'19.9"W	Municipal	Hurricane Creek		✓		✓	0.012	✓		5/2/2016	New
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)



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

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

**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: Texas Eastern Transmission, LP  
CONTACT PERSON: Bob Hyer CONTACT'S PHONE NUMBER: (601 ) 668-3068  
PROJECT NAME: MS UCHC-CLIN, LN 14 Pipe Replace OUTFALL NUMBER(S): 1  
DIRECTIONS TO OUTFALL: From the intersection of Hwy 28 and 550, head east on 550 for 4.2 miles.  
Turn left and head north on Harvey Dr NW for 0.57 miles to an unnamed dirt road turn right and go 0.21 mile  
east, then 0.13 mile south to the outfall location.  
DISCHARGE START DATE: 5/2/2016 DISCHARGE START TIME: 07:00 DISCHARGE DURATION (hours): 4

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.

Tina Faraca  
Authorized Signature<sup>1</sup>

Tina Faraca  
Printed Name

April 20, 2016

Date

VP, Engineering & Construction  
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.