



RECEIVED SEP 1 2 2016

Dept. of Environmental Quality

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 O 4 9 1

(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 chec	k one or both)
	OWN	NER INFORMATION		<u> </u>
OWNER CONTACT NAME &	POSITION: David	H. Doggette, VP Tech	nical Services	
OWNER COMPANY NAME:	Atmos Energy Cor	poration		
OWNER STREET (P.O. BOX)	: 790 Liberty Road	1		
OWNER CITY: Flowood		S7	TATE: MS	ZIP: 39232
OWNER PHONE # (INCLUDI	E AREA CODE): <u>(60</u>	01) 420 - 5000		5-11-4

	OPERATOR INFOR	MATION	
OPER	RATOR CONTACT NAME & POSITION: Gregory H. Spi	row, PE - Senior Engin	eer
	RATOR COMPANY: Atmos Energy Corporation		
	RATOR STREET (P.O. BOX): 4155 Industrial Drive		
		STATE: MS	ZIP: 39209
	RATOR PHONE # (INCLUDE AREA CODE): (601) 592 -		
	FACILITY/PROJECT IN		
FACI	LITY/PROJECT NAME: Meridian Pipeline		SIC Code: 4 9 2
	LINE, STORAGE TANK OR FLOWLINE BEING TESTED	IS: NEW	
	ED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT	r. N/A	
IF US	ED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT	V	
IF RI	GULATED LAND DISTURBING ACTIVITIES ARE TO O	CCUR, LIST ACRES DI	STURBED: 23
IF RE (NOT		OCCUR, LIST ACRES DI. OI, if disturbing five (5) ac	res or more).
IF RE (NOT	GULATED LAND DISTURBING ACTIVITIES ARE TO O E: A construction SWPPP must be attached with this HTNO SICAL SITE ADDRESS (If not available, indicate nearest na	OCCUR, LIST ACRES DI. OI, if disturbing five (5) ac	res or more).
IF RE (NOT PHYS	EGULATED LAND DISTURBING ACTIVITIES ARE TO OE: A construction SWPPP must be attached with this HTNO SICAL SITE ADDRESS (If not available, indicate nearest nates: Highway 493	OCCUR, LIST ACRES DI. OI, if disturbing five (5) ac med road. Linear project CITY: Meridian	res or more).
IF RE (NOT PHYS	EGULATED LAND DISTURBING ACTIVITIES ARE TO OE: A construction SWPPP must be attached with this HTNO SICAL SITE ADDRESS (If not available, indicate nearest nates). ET: Highway 493	OCCUR, LIST ACRES DI. OI, if disturbing five (5) ac med road. Linear project CITY: Meridian	res or more). s indicate beginning of pro
IF RE (NOT PHYS) STRE COULTYPE certify upstem de cronn or	CGULATED LAND DISTURBING ACTIVITIES ARE TO OE: A construction SWPPP must be attached with this HTNO SICAL SITE ADDRESS (If not available, indicate nearest name of the state o	CCUR, LIST ACRES DIDITION (5) acmed road. Linear project CITY: Meridian ZIP: 39301 repared under my direction on the company of the compan	res or more). s indicate beginning of proj or supervision in accordance w nitted. Based on my inquiry of ation, the information submitte
IF RE (NOT PHYS STRE COULTYPE Certify upstem de cron or he best onformati	GULATED LAND DISTURBING ACTIVITIES ARE TO O E: A construction SWPPP must be attached with this HTNO GICAL SITE ADDRESS (If not available, indicate nearest nan EET: Highway 493 NTY: Lauderdale C OF TREATMENT (IF PROVIDED): N/A Inder penalty of law that this document and all attachments were presigned to assure that qualified personnel properly gathered and eva persons who manage the system, or those persons directly responsif my knowledge and belief, true, accurate and complete. I am awar out, including the possibility of fines and/or imprisonment for knowledge.	CCUR, LIST ACRES DIDITION (5) according to the control of the cont	res or more). s indicate beginning of proje or supervision in accordance wi nitted. Based on my inquiry of t
TYPI certify ustem decrease or or the best of formation.	EGULATED LAND DISTURBING ACTIVITIES ARE TO OE: A construction SWPPP must be attached with this HTNO SICAL SITE ADDRESS (If not available, indicate nearest name). ET: Highway 493 NTY: Lauderdale OF TREATMENT (IF PROVIDED): N/A Inder penalty of law that this document and all attachments were presigned to assure that qualified personnel properly gathered and eva persons who manage the system, or those persons directly responsif my knowledge and belief, true, accurate and complete. I am awar	CCUR, LIST ACRES DIDITION (5) acmed road. Linear project CITY: Meridian ZIP: 39301	or supervision in accordance with accordance w

- 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.

OUTALL NO.	LATITUDE ¹ (deg/min/sec)	LONGITUDE ¹ (deg/mln/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM ²				757 F1 S. D.	STATUS OF		Th. 17-12	The Fig. 19	
				NAME		IDEQ S(D) T?	HA TMI Yes	AS DL? ³	EST. TOTAL DISCHARGE (MIL GAL)	PIPE	NK, LINE, VLINE C. Used	EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING
001	32/26'/09.89"	88/39'/25.32"	Municipal	Sowashee Creek	1		1		0.051	√		9/30/16	New
002	32/26'/08.69"	88/38'/43.36"	Municipal	Sowashee Creek	1		1		0.010	√		10/7/16	New
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

Note: TMDL's for Sowashee Creek: Phosphorus, Nitrogen & Sediment

Revised: 06/01/11

List the latitude and longitude of its location to the nearest 15 seconds.

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

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