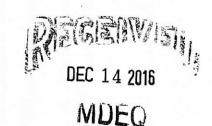
AI #71001 Gnf 20160001





HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 0 5 0 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. <u>Discharge of hydrostatic test</u> 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		
OWNER CONTACT NAME &	POSITION: Bill S	enter		
OWNER COMPANY NAME:	Atmos Energy Con	rporation		
OWNER STREET (P.O. BOX)	: 4155 Industrial I	Drive		
OWNER CITY: Jackson			STATE: MS	ZIP: 39209

OPERATOR INFORMA	TION	
OPERATOR CONTACT NAME & POSITION:		
OPERATOR COMPANY:		
OPERATOR STREET (P.O. BOX):		
OPERATOR CITY:	STATE:	ZIP:
OPERATOR PHONE # (INCLUDE AREA CODE):		· · · · · · · · · · · · · · · · · · ·
FACILITY/PROJECT INFOR	RMATION	
FACILITY/PROJECT NAME: Atmos Meridian East		SIC Code: 1 3 1 1
PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS:	✓ NEW	USED
IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT:	NA	
PHYSICAL SITE ADDRESS (If not available, indicate nearest named		s indicate beginning of project
STREET: Tuscaloosa Street and Lizelia Road Intersection	_CITY: _Marion	
	CITY:Marion ZIP:39342	
STREET: Tuscaloosa Street and Lizelia Road Intersection COUNTY: Lauderdale TYPE OF TREATMENT (IF PROVIDED): critify under penalty of law that this document and all attachments were preparatem designed to assure that qualified personnel properly gathered and evaluate son or persons who manage the system, or those persons directly responsible for hest of my knowledge and belief, true, accurate and complete. I am aware that principles including the possibility of fines and/or imprisonment for knowing view.	CITY: Marion ZIP: 39342 red under my direction of the information submor gathering the information there are significant point in the control of the contr	or supervision in accordance with itted. Based on my inquiry of the ation, the information submitted i enalties for submitting false
STREET: Tuscaloosa Street and Lizelia Road Intersection COUNTY: Lauderdale TYPE OF TREATMENT (IF PROVIDED): Triffy under penalty of law that this document and all attachments were prepartem designed to assure that qualified personnel property gathered and evaluate son or persons who manage the system, or those persons directly responsible fe hest of my knowledge and belief, true, accurate and complete. I am aware that ormation, including the possibility of fines and/or imprisonment for knowing view.	CITY: Marion ZIP: 39342 red under my direction of the information submor gathering the information there are significant point in the control of the contr	or supervision in accordance with itted. Based on my inquiry of the ition, the information submitted i
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Revised: 06/01/11

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