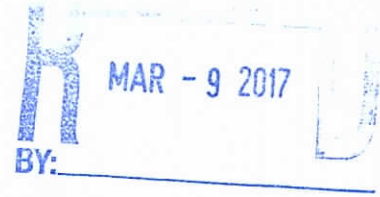




MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 _____

(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: Clay McRae, P.E.

OWNER COMPANY NAME: Atmos Energy

OWNER STREET (P.O. BOX): 1308 West Main Street

OWNER CITY: Tupelo STATE: MS ZIP: 38801

OWNER PHONE # (INCLUDE AREA CODE): 662-871-8431

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Clay McRae, P.E.

OPERATOR COMPANY: Atmos Energy

OPERATOR STREET (P.O. BOX): 1308 West Main Street

OPERATOR CITY: Tupelo STATE: MS ZIP: 38801

OPERATOR PHONE # (INCLUDE AREA CODE): 662-871-8431

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Atmos Columbus Line 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

IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: 20
(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: Carson Road; Approx 1.6 miles east of Old Macon CITY: Columbus

COUNTY: Lowndes ZIP: 39701

TYPE OF TREATMENT (IF PROVIDED): Dechlorination

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.

Clay McRae
Signature¹ (Must be signed by operator when different than owner)

Clay McRae, P.E.
Printed Name

3/7/2017
Date Signed

Senior Engineer
Title

¹This 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)

information in the table below (NOTE: Complete the last column of this form, only if it is being submitted
rm).

id labeled on a USGS quadrangle map.

DE ¹ sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM ²				EST. TOTAL DISCHARGE (MIL GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC.		EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING	
		NAME	ON MDEQ 303(D) LIST? ³		HAS TMDL? ³		New	Used			
			Yes	No	Yes						No
34W	Potable	Tombigbee River		✓			0.05	✓		04/01/17	New

Revised: 06/01/11

ion to the nearest 15 seconds.
am as listed on a USGS Quad Map.
Bodies and approved TMDLs can be found at: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section

AL 71370



HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13 0505) COUNTY: Lowndes

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: Atmos Energy
CONTACT PERSON: Clay McRae, P.E. CONTACT'S PHONE NUMBER: (662) 871-8431
PROJECT NAME: Columbus Line OUTFALL NUMBER(S): 001
DIRECTIONS TO OUTFALL: Take Hwy 45 south out of Columbus, MS; Turn east on Carson Road;
Continue approx. 6.3 miles to north/south gas line. Outfall location is approx. 400 feet north of Carson road

DISCHARGE START DATE: 04/01/17 DISCHARGE START TIME: _____ DISCHARGE DURATION (hours): 5

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.

Clay McRae
Authorized Signature¹
Clay McRae
Printed Name

3/7/2017
Date
Senior Engineer
Title

Submit this form to:

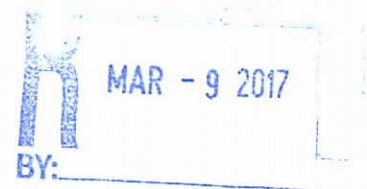
Chief, Environmental Compliance and Enforcement Division
MDEQ, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 05/24/11

¹ 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.

Teresa Dennington

From: Jarvis Harper <jh@ftn-assoc.com>
Sent: Thursday, March 09, 2017 8:20 AM
To: Teresa Dennington
Cc: 'Jimmy Rogers'
Subject: HTNOI-Columbus line
Attachments: HTNOI-Columbus Line.pdf



Hi Teresa:

Thank you for returning my phone call. Attached please find the HTNOI we discussed on the call. A copy is also being sent under separate cover by UPS. FTN and Atmos appreciates your prompt attention to this matter.

Feel free to contact me at 501-776-5047 or Clay McRae with Atmos at 662-871-8431 if you have questions or need additional information.

Best regards,

Jarvis



Jarvis Harper, PhD, CPAg, CCA
jh@ftn-assoc.com

FTN Associates
3 Innwood Circle, Suite 220
Little Rock, AR 72211

(501) 225-7779 *work*
(501) 776-5047 *mobile*
www.ftn-assoc.com *webpage*