

AI#71858
Gnp20170001



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Dept. of Environmental Quality

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0516

(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. 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 without written notification of coverage is a violation of state law.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and /or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: <1
NOTE: If disturbing five (5) acres or more, a stormwater construction coverage is required.

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:

- Labeled site drawing noting the outfall(s) associated with hydrostatic test water discharge(s)
- List of chemical Additives,
- Appropriate Section 404 documentation from U.S. Army Corps of Engineers, or
- 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: Blake Amos, EHS Specialist I
OWNER EMAIL ADDRESS: blake_amos@kindermorgan.com
OWNER COMPANY NAME: Southern Natural Gas Company, L.L.C.
OWNER STREET (P.O. BOX): 569 Brookwood Village, Suit 749
OWNER CITY: Birmingham STATE: AL ZIP: 35209
OWNER PHONE # (INCLUDE AREA CODE): 205-325-3548

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Blake Amos, EHS Specialist I
 OPERATOR EMAIL: blake_amos@kindermorgan.com
 OPERATOR COMPANY: Southern Natural Gas Company, L.L.C.
 OPERATOR STREET (P.O. BOX): 569 Brookwood Village, Suite 749
 OPERATOR CITY: Birmingham STATE: AL ZIP: 35209
 OPERATOR PHONE # (INCLUDE AREA CODE): 205-325-3548

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: South Main Pressure Test (AFE 405800-1)
 PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☐ NEW ☒ USED
 IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: Natural Gas
 PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):
 STREET: County Road 182 CITY: Bay Springs
 COUNTY: Jasper ZIP: 39422
 Facility site tribal land ID (NA if not applicable) NA
 TYPE OF TREATMENT (IF PROVIDED): None
 SIC Code 4922 NAICS Code 486210

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.

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

Date Signed

Printed Name

Title

¹This application shall be signed according to ACT6, T-17 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: 03-15-17

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 ¹ (deg/min/sec)	LONGITUDE ¹ (deg/min/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
001	32 00' 20.94" N	-89 17' 52.66" W	Municipal	West Tallahala Creek	☐	☒	☐	☒	1.2		x	06/14/17	New
002	32 05' 41.96" N	-89 00' 51.25" W	Municipal	South Twistwood Creek	☐	☒	☐	☒	1.2		x	06/14/17	New
003					☐	☐	☐	☐					
004					☐	☐	☐	☐					
005					☐	☐	☐	☐					
006					☐	☐	☐	☐					
007					☐	☐	☐	☐					
008					☐	☐	☐	☐					
009					☐	☐	☐	☐					
010					☐	☐	☐	☐					
011					☐	☐	☐	☐					
012					☐	☐	☐	☐					

Revised: 03/15/17

NOTE: To Comply with EPA's NPDES e-Reporting rule, MDEQ has implemented the use of U.S.EPA's NetDMR for the submittal of DMRs. Permittees required to submit DMRs must submit DMRs electronically using NetDMR. A training video and additional info can be found at <http://bit.ly/2gao6sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette Brocks at 601-961-5252

¹ 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.

³ 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



HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13 _____) COUNTY: Jasper

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS



COVERAGE RECIPIENT INFORMATION

COMPANY NAME: <u>Southern Natural Gas Company, L.L.C.</u>		
CONTACT PERSON: <u>Blake Amos</u>	CONTACT'S PHONE NUMBER: <u>(205) 325-3548</u>	
PROJECT NAME: <u>South Main Pressure Test (AFE 405800-1)</u>	OUTFALL NUMBER(S): <u>001, 002</u>	
DIRECTIONS TO OUTFALL: <u>From Bay Springs, MS; take MS-15 N for approximately 1 mile, left on Co Rd 1525 for approximately 1 mile, left on Co Rd 182 for 0.4 miles. Outfall 001 located in pipeline right of way.</u>		
<u>From Rose Hill MS; west on MS-18 approximately 0.1 miles, left on Co Rd 31 approximately 3.6 miles.</u>		
<u>Outfall 002 located on the left in pipeline right of way.</u>		
DISCHARGE START DATE: <u>06/14/2017</u>	DISCHARGE START TIME: <u>TBD</u>	DISCHARGE DURATION (hours): <u><24 hours</u>

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.

Authorized Signature¹

Printed Name

Date

Title

Submit this form to:

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

Revised: 3-15-17

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.