

AI #71887  
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MDEQ

## HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

### FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

#### GENERAL PERMIT

GENERAL PERMIT MSG13 0518

(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: N/A  
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: Gina Dorsey

OWNER EMAIL ADDRESS: Gina\_Dorsey@KinderMorgan.com

OWNER COMPANY NAME: Tennessee Gas Pipeline Company L.L.C.

OWNER STREET (P.O. BOX): 1001 Louisiana Street, Suite 1000

OWNER CITY: Houston STATE: Texas ZIP: 77002

OWNER PHONE # (INCLUDE AREA CODE): (713) 420-3812

# OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Cody Mikeska (Environmental Specialist)  
 OPERATOR EMAIL: Cody\_Mikeska@kindermorgan.com  
 OPERATOR COMPANY: Tennessee Gas Pipeline Company L.L.C.  
 OPERATOR STREET (P.O. BOX): 1001 Louisiana Street, Suite 1000  
 OPERATOR CITY: Houston STATE: Texas ZIP: 77002  
 OPERATOR PHONE # (INCLUDE AREA CODE): (713) 420-5959

# FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Station 71 Area Reversal Hydrostatic Test  
 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: Laws Hill Rd CITY: Holy Springs  
 COUNTY: Marshall ZIP: 38635  
 Facility site tribal land ID (NA if not applicable) N/A  
 TYPE OF TREATMENT (IF PROVIDED): N/A  
 SIC Code 4 9 2 3 NAICS Code 2 2 1 2 1 0

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.

Gina B. Dorsey  
 Signature<sup>1</sup> (Must be signed by operator when different than owner)

GINA B. DORSEY  
 Printed Name

5/31/17  
 Date Signed  
Director, EHS Project Permitting  
 Title

<sup>1</sup>This 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 <sup>1</sup><br>(deg/min/sec) | LONGITUDE <sup>1</sup><br>(deg/min/sec) | SOURCE OF FILL WATER | NEAREST RECEIVING STREAM <sup>2</sup> |                                   |                                     |                          | EST. TOTAL DISCHARGE<br>(MIL GAL)   | STATUS OF TANK, PIPELINE, FLOWLINE ETC. |      | EXPECTED TEST DATE(S)<br>(mm/dd/yr) | INDICATE WHETHER OUTFALL IS NEW OF EXISTING |     |
|-------------|--|---|----------------------|---------------------------------------|-----------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|------|-------------------------------------|---|-----|
|             |  |   |                      | NAME                                  | ON MDEQ 303(D) LIST? <sup>3</sup> |                                     | HAS TMDL? <sup>3</sup>   |                                     | New                                     | Used |                                     |   |     |
|             |  |   |                      |                                       | Yes                               | No                                  | Yes                      |                                     |   |      |                                     |   | No  |
| 001         | 34°42'29.23"N                          | 89°24'48.50"W                           | City of Holy Springs | Big Spring Creek                      | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1.6                                     |      | used                                | 07/10/17-12/11/17                           | new |
| 002         | 34°40'48.97"N                          | 89°27'41.04"W                           | City of Holy Springs | Little Spring Creek                   | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1.6                                     |      | used                                | 07/10/17-12/11/17                           | new |
| 003         | 34°40'40.69"N                          | 89°27'50.33"W                           | City of Holy Springs | Little Spring Creek                   | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1.6                                     |      | used                                | 07/10/17-12/11/17                           | new |
| 004         | 34°36'54.13"N                          | 89°34'9.39"W                            | City of Holy Springs | Oak Chewalla Creek                    | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1.6                                     |      | used                                | 07/10/17-12/11/17                           | new |
| 005         |  |   |                      |                                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |   |      |                                     |   |     |
| 006         |  |   |                      |                                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |   |      |                                     |   |     |
| 007         |  |   |                      |                                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |   |      |                                     |   |     |
| 008         |  |   |                      |                                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |   |      |                                     |   |     |
| 009         |  |   |                      |                                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |   |      |                                     |   |     |
| 010         |  |   |                      |                                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |   |      |                                     |   |     |
| 011         |  |   |                      |                                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |   |      |                                     |   |     |
| 012         |  |   |                      |                                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |   |      |                                     |   |     |

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](mailto:netdmrhelp@mdeq.ms.gov) or contact Annette Brooks at 601-961-5252

<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)



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

## 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: <u>Tennessee Gas Pipeline Company L.L.C.</u>   |   |                                   |
| CONTACT PERSON: <u>Cody Mikeska</u>  | CONTACT'S PHONE NUMBER: <u>(713) 420-5959</u> |                                   |
| PROJECT NAME: <u>Station 71 Area Reversal Hydrostatic Test</u>   | OUTFALL NUMBER(S): <u>001,002,003,004</u>     |                                   |
| DIRECTIONS TO OUTFALL: <u>Outfall 001 (Option 1): near 2247 Laws Hill Rd, Holy Springs, MS 38635 (34.708118; -89.413472)</u>                             |   |                                   |
| <u>Outfall 002 (Option 2): Located on Old Mississippi 7 approximately 6.4 miles south of the City of Holy Springs on Hwy 7. ( 34.677971; -89.413979)</u> |   |                                   |
| <u>Outfall 003 (Option 3): Located on Old Mississippi 7 approximately 6.4 miles south of the City of Holy Springs on Hwy 7. ( 34.680269; -89.461399)</u> |   |                                   |
| <u>Outfall 004 (Option 4): across the road from 421 Musgray Road, Holy Springs MS, 38635 ( 34.615037; -89.569275)</u>                                    |   |                                   |
| DISCHARGE START DATE: _____  | DISCHARGE START TIME: _____                   | DISCHARGE DURATION (hours): _____ |

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.

*Gina B. Dorsey*  
Authorized Signature  
GINA B. DORSEY  
Printed Name

5/31/17  
Date  
Director, EHS - Project Permitting  
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

<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.