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. 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: 0.25
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: Tennessee Gas Pipeline Company

OWNER STREET (P.O. BOX): 569 Brookwood Village, Suite 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: Tennessee Gas Pipeline Company

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: 2016 Batesville Operating Area 800-1 System Hydrotests (AFE 207155)

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: School Rd CITY: Holcomb

COUNTY: Grenada County ZIP: 38940

Facility site tribal land ID (NA if not applicable) N/A

TYPE OF TREATMENT (IF PROVIDED): Clairmont Surftreat 9270 (or equal), 5% of volume

SIC Code 4 9 2 2 NAICS Code 4 8 6 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 — 7/3/17

Signature[1] (Must be signed by operator when different than owner) — Date Signed

Gina B. Dorsey — Director, EHS - Project Permitting

Printed Name — Title

[1]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:

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/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM[2] NAME	ON MDEQ 303(D) LIST? [3] Yes	ON MDEQ 303(D) LIST? [3] No	HAS TMDL? [3] Yes	HAS TMDL? [3] No	EST. TOTAL DISCHARGE (MIL GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC. New	STATUS OF TANK, PIPELINE, FLOWLINE ETC. Used	EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING
001	33/46/59.95	89/58/02.24	Yalobusha River	Yalobusha River		✓		✓	0.14		X	10/25/17	
002													
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

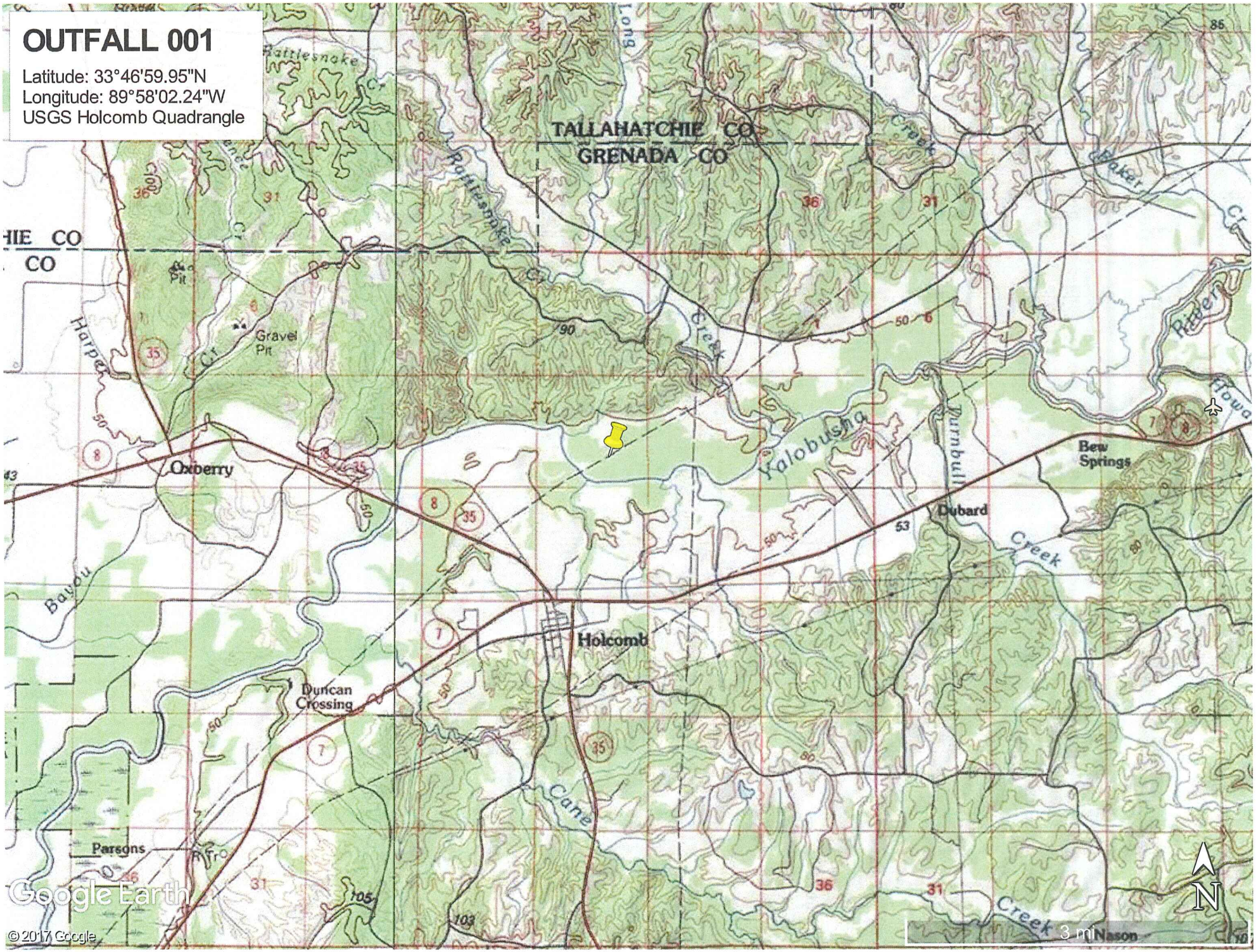
[1] List the latitude and longitude of its location to the nearest 15 seconds.

[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

OUTFALL 001

Latitude: 33°46'59.95"N
Longitude: 89°58'02.24"W
USGS Holcomb Quadrangle



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

TENNESSEE GAS PIPELINE COMPANY, L.L.C.

Registered the 13th day of October, 2011

A Delaware LIMITED LIABILITY COMPANY has filed the necessary documents in this office and has obtained a certificate of registration to do business in this state, under the provisions of The Mississippi Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

I further certify that said Limited Liability Company has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designating its agent and/or attorney for service of process in this State as:

C T CORPORATION SYSTEM
645 LAKELAND EAST DRIVE, Suite 101
FLOWOOD, MS 39232

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 2nd day of May, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17036452
Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx