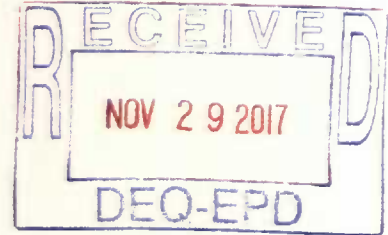


AI # 72079



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

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

COVERAGE RECIPIENT INFORMATION

| | | |
|--|---|---------------------------------------|
| COMPANY NAME: <u>CenterPoint Energy / Gas Operations</u> | | |
| CONTACT PERSON: <u>Hugh Santos</u> | CONTACT'S PHONE NUMBER: <u>(318) 429-2532</u> | |
| PROJECT NAME: <u>Oxford Pipeline</u> | OUTFALL NUMBER(S): <u>001</u> | |
| DIRECTIONS TO OUTFALL: <u>Go east on MS Hwy 6 2.5-miles from the intersection of MS-6 and MS-7;</u> <u>Turn south onto County Rd. 405 - go 0.75 miles; turn left (east) on private road - go 0.3 miles to ROW;</u> <u>go east on ROW 0.25 mile to Yellow Leaf Creek.</u> | | |
| DISCHARGE START DATE: <u>12/01/2017</u> | DISCHARGE START TIME: <u>0800</u> | DISCHARGE DURATION (hours): <u>25</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.

William A. Kuchar III
Authorized Signature¹
William A Kuchar III
Printed Name

11/27/2017
Date
VP Regional Operations
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.