

AI #73158  
GMP20180001



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

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JAN 31 2018

MDEQ

## HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

### FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

#### GENERAL PERMIT

GENERAL PERMIT MSG13 0528

(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: <5

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: Joseph Dean / Manager of Permitting

OWNER EMAIL ADDRESS: Joseph.Dean@Williams.com

OWNER COMPANY NAME: Transcontinental Pipe Line Company, LLC (Transco)

OWNER STREET (P.O. BOX): 2800 Post Oak Blvd

OWNER CITY: Houston STATE: Texas ZIP: 77056

OWNER PHONE # (INCLUDE AREA CODE): 713-215-3427

# OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: N/A

OPERATOR EMAIL: N/A

OPERATOR COMPANY: N/A

OPERATOR STREET (P.O. BOX): N/A

OPERATOR CITY: N/A STATE: N/A ZIP: N/A

OPERATOR PHONE # (INCLUDE AREA CODE): N/A

# FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Tomlinson-West Oakvale Lateral Pipeline Maintenance Project

PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☐ NEW ☒ USED

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: Pipe Installed in 1981

PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):

STREET: Mississippi Highway 44 at Pearl River Crossing CITY: Columbia

COUNTY: Marion ZIP: 39429

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

TYPE OF TREATMENT (IF PROVIDED): Carbon Filtration, Dispersal over Vegetated Uplands

SIC Code 4922 NAICS Code 221210

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.

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

Joseph Dean

Printed Name

Date Signed

Manager of Permitting

Title

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