







HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 0 5 4 4

(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. <u>Discharge of hydrostatic test</u> 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.

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: | X OWNER | X OPERATOR | (Must chec | k one or both) | | | |
|---|------------------------|-------------------------|------------|-------------------|--|--|--|
| OWNER INFORMATION | | | | | | | |
| OWNER CONTACT NAME | & POSITION: Dennis | Odum, Vice President of | Operations | | | | |
| OWNER EMAIL ADDRESS: | Dennis.Odum@energ | ytransfer.com | | | | | |
| OWNER COMPANY NAME: Energy Transfer Crude Oil Company, LLC. | | | | | | | |
| OWNER STREET (P.O. BOX | (): 8100 Big Lake Road | d | | | | | |
| OWNER CITY: Lake Charles | | | STATE: LA. | ZIP: 70605 | | | |
| OWNER PHONE # (INCLUD | DE AREA CODE): 337 | 7-475-2442 | | | | | |



Hydrostatic Test General Permit to Discharge Hydrostatic Test Water and Storm Water from Construction Activities NPDES Permit MSG13

HYDROSTATIC TEST FORMS PACKAGE

| • | HYDROSTATIC TEST NOTICE OF INTENT (HTNOI) | .2 |
|---|--|----|
| • | NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER | .4 |
| • | MAJOR MODIFICATION FORM | .5 |
| • | REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE AND/OR NAME CHANGE | |
| • | REQUEST FOR TERMINATION OF COVERAGE | .8 |

These standard forms are used to apply for permit coverage under the Hydrostatic Test General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on our website at http://www.deq.state.ms.us/mdeq.nsf/page/epd epdgeneral. Required information can be completed on screen, saved and/or printed.

Revised: 03/15/17

| OPERATOR INFORMATION | | | | | |
|--|---|--|--|--|--|
| OPERATOR CONTACT NAME & POSITION: Dennis Odum, Vice Pres | sident of Operations | | | | |
| OPERATOR EMAIL: Dennis.Odum@energytransfer.com | | | | | |
| OPERATOR COMPANY: Energy Transfer Crude Oil Company, LLC. | | | | | |
| OPERATOR STREET (P.O. BOX): 8100 Big Lake Road | | | | | |
| OPERATOR CITY: Lake Charles | STATE: _LAZIP: _70605 | | | | |
| OPERATOR PHONE # (INCLUDE AREA CODE): 337-475-4 | -224 | | | | |
| FACILITY/PROJECT INFORM | IATION | | | | |
| FACILITY/PROJECT NAME: ETP Collierville Connection to Valero | | | | | |
| PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: | X NEW USED | | | | |
| IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: N/A | 1 | | | | |
| PHYSICAL SITE ADDRESS (If not available, indicate nearest named ro | oad. Linear projects indicate beginning of project): | | | | |
| STREET: Wingo Road | CITY: Byhalia | | | | |
| COUNTY: Marshall | ZIP: 38611 | | | | |
| Facility site tribal land ID (NA if not applicable) N/A | | | | | |
| TYPE OF TREATMENT (IF PROVIDED): N/A | | | | | |
| SIC Code <u>4 6 1 2</u> NAICS Code <u>4 8 6 1 1 0</u> | | | | | |
| I certify under penalty of law that this document and all attachments were prepared system designed to assure that qualified personnel properly gathered and evaluated a person or persons who manage the system, or those persons directly responsible for state best of my knowledge and belief, true, accurate and complete. I am aware that the information, including the possibility of fines and/or imprisonment for knowing violation. | the information submitted. Based on my inquiry of the gathering the information, the information submitted is, to here are significant penalties for submitting false | | | | |
| Dennis Odrum | 1/9/19 | | | | |
| Signature (Must be signed by operator when different than owner) Dennis Odum | Date Signed | | | | |
| Printed Name | Vice President - Operations Title | | | | |
| This application shall be signed according to ACT6, T-17 of the General Po For a corporation, by a responsible corporate officer. For a partnership, by a general partner. | ermit, as follows: | | | | |

- 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

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.

| | | | | NEAREST RECEIVING STREAM ² | | | | STATUS OF | | | | | |
|---------------|--|------------------------------|-----------------------------|---------------------------------------|---------------------------|---|------------------|-----------|--------------------------------------|--|--|---|----------------|
| OUTALL NO. | LATITUDE ¹ (deg/min/sec) | LONGITUDE 1 (deg/min/sec) | SOURCE OF FILL WATER | NAME | ON M 303 LIS Yes | | H/ TMD Yes | No No | EST. TOTAL DISCHARGE (MIL GAL) | TANK, PIPELINE, L FLOWLINE E ETC. New Used | | EXPECTED TEST DATE(S) (mm/dd/yr) | |
| 001 | 38*58'44.45" | -89*38'44.45' | Trucked in Potable Water | Nonconnah Creek | | X | | X | 0.160 | X | | 02/11/19 | New |
| 002 | | | | | | | | | | | | | |
| 003 | | | | | | | | | | | | | |
| 004 | | | | | | | | | | | | | |
| 005 | | | | | | | | | | | | | |
| 006 | | | | | | | | | | | | | |
| 007 | | | | | | | | | | | | | |
| 008 | | | | | | | | | | | | | |
| 009 | | | | | | | | | | | | | |
| 010 | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | |
| 012 | | | | | | | | | | | | | 1 00 11 6 11 6 |

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

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 TES COVERAGE NUMBER (MSG13 | T GENERAL PERMIT COUNTY: Marshall |
|--|---|
| NOTIFICATION OF SURFACE DISCHA | ARGE OF HYDROSTATIC TEST WATER |
| INSTRU | UCTIONS |
| Therefore in the water ACT 10, Red of the Tropostatic Test Content Permit detailment and anticipated there is not the structure of the dropt form slightly be postmarked by tenst To day's neurons the discharge star witness the discharge. | |
| COVERAGE RECIP | IENT INFORMATION |
| COMPANY NAME: Energy Transfer Crude Oil Company, LLC. | |
| CONTACT PERSON: Dennis Odum | CONTACT'S PHONE NUMBER: (337-) 475 - 4224 |
| PROJECT NAME: ETP Collierville Connection to Valero | OUTFALL NUMBER(S): 1 |
| DIRECTIONS TO OUTFALL: See attached map | |
| DISCHARGE START DATE: 2/11/19 DISCHARGE START TIME | : 8 AM DISCHARGE DURATION (hours): 8 |
| who manage the system, or those persons directly responsible for gathering and belief, true, accurate and complete. I am aware that there are significal and imprisonment for knowing violations. | the information submitted. Based on my inquiry of the person or persons gethe information, the information submitted is, to the best of my knowledge at penalties for submitting false information, including the possibility of fin 1/9/2019 |
| Authorized Signature ¹ | Date |

Submit this form to:

Printed Name

Michael C. Martin

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

Revised: 3-15-17

Project Manager / Sr. Engineer

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.



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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:

ENERGY TRANSFER CRUDE OIL COMPANY, LLC

Registered the 12th day of March, 2014

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:

CORPORATION SERVICE COMPANY 7716 Old Canton Road, Suite C Madison, MS 39110

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 10th day of January, 2019

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN19061499

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