

AI #37977
Gnp20190001



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0549

(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: .2
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: Francis Foret, Sr. Vice President
OWNER EMAIL ADDRESS: FForet@targaresources.com
OWNER COMPANY NAME: Targa Resources, LP
OWNER STREET (P.O. BOX): 811 Louisiana Street, Suite 2100
OWNER CITY: Houston STATE: TX ZIP: 77002-1400
OWNER PHONE # (INCLUDE AREA CODE): 713-584-1138

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Kenny Scarabin, Terminal Supervisor
 OPERATOR EMAIL: KScarabin@targaresources.com
 OPERATOR COMPANY: Targa Downstream Services, LLC
 OPERATOR STREET (P.O. BOX): 18 Chappell Hill Road
 OPERATOR CITY: Petal STATE: MS ZIP: 39465
 OPERATOR PHONE # (INCLUDE AREA CODE): 601-544-5051

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Dixie Pipeline Hydrotest 2019
 PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☐ NEW ☒ USED
 IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: Propane
 PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):
 STREET: Intersection of Chappell Hill Road & State Hwy. 11 CITY: Petal
 COUNTY: Forrest ZIP: 39465
 Facility site tribal land ID (NA if not applicable) NA
 TYPE OF TREATMENT (IF PROVIDED): Carbon filter screening. No additives will be used in the source water
 SIC Code 1321 NAICS Code _____

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.

Signature¹ (Must be signed by operator when different than owner)

FRANCIS FORET

Printed Name

Date Signed

3/11/2019
Sr. VP Operations

Title

¹This 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 ¹ (deg/min/sec)	LONGITUDE ¹ (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM ²				EST. TOTAL DISCHARGE (MIL GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC.		EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING	
				NAME	ON MDEQ 303(D) LIST? ³		HAS TMDL? ³		New	Used			
					Yes	No	Yes						No
001	31.361622	89.267425	Well Water	Green's Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	.021		x	04/23/19	New
002					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
003					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
004					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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 or contact Annette Brooks 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



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
Targa Resources LLC	Legal

Business Information

Business Type:	Limited Liability Company
Business ID:	885017
Status:	Good Standing
Effective Date:	01/19/2006
State of Incorporation:	DE
Principal Office Address:	

Registered Agent

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

Officers & Directors

Name	Title
Paul W Chung 811 LOUISIANA ST STE 2100 HOUSTON, TX 77002	Manager
Matthew J Meloy 811 LOUISIANA ST STE 2100 HOUSTON, TX 77002	President
Chris McEwan 811 LOUISIANA ST STE	Treasurer

2100
HOUSTON, TX 77002

James R Patin
811 LOUISIANA ST STE
2100
Houston, TX 77002

Secretary