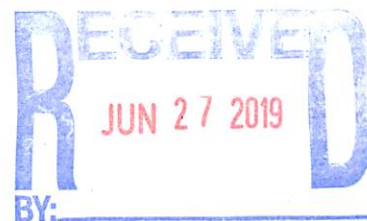


AI #75716
Gnp20190001



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0559

(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: 2.31
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: Laura Rudolf
OWNER EMAIL ADDRESS: Laura.Rudolf@williams.com
OWNER COMPANY NAME: Transcontinental Gas Pipe Line Company, LLC
OWNER STREET (P.O. BOX): 2800 Post Oak Boulevard
OWNER CITY: Houston STATE: TX ZIP: 77056
OWNER PHONE # (INCLUDE AREA CODE): (713) 215-3652

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: NA
 OPERATOR EMAIL: NA
 OPERATOR COMPANY: NA
 OPERATOR STREET (P.O. BOX): NA
 OPERATOR CITY: NA STATE: NA ZIP: NA
 OPERATOR PHONE # (INCLUDE AREA CODE): NA

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: MS Hydrostatic Test
 PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☐ NEW ☒ USED
 IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: 1966 - Pipeline Installed
 PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):
 STREET: Johnny Watkins Road CITY: Laurel
 COUNTY: Jones ZIP: 39443
 Facility site tribal land ID (NA if not applicable) NA
 TYPE OF TREATMENT (IF PROVIDED): Dechlorination and Metals Treatment
 SIC Code 4 9 2 4 NAICS Code 0 4 8 6 2 1

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)

Date Signed

Printed Name

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° 43' 46.64"	- 89° 13' 47.64"	Local Hydrant	Box Ankle Branch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.234		USED	9/10-9/14/19	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 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



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13 ____) COUNTY: Jones

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS



COVERAGE RECIPIENT INFORMATION

COMPANY NAME:	<u>Transcontinental Gas Pipe Line Company, LLC</u>		
CONTACT PERSON:	<u>Laura Rudolf</u>	CONTACT'S PHONE NUMBER:	<u>(713) 215-2000</u>
PROJECT NAME:	<u>MS Hydrostatic Test</u>	OUTFALL NUMBER(S):	<u>1</u>
DIRECTIONS TO OUTFALL:	<u>See attachment 5.0</u>		
DISCHARGE START DATE:	<u>09/10/2019</u>	DISCHARGE START TIME:	<u>TBD</u>
		DISCHARGE DURATION (hours):	<u>104</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.

Authorized Signature

Printed Name

Joseph Dean

Date

Title

6/24/19

Manager of Permitting

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.

F0108

2019103039

Fee: \$ 250



DELBERT HOSEMANN
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136

Business ID: 942983
Filed: 03/22/2019 01:47 PM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

2019 LLC Annual Report

Business Information

Business ID: 942983

Business Name: TRANSCONTINENTAL GAS
PIPE LINE COMPANY LLC

State of Incorporation: DE

Business Email: valerie.pryor@williams.com

Phone: (***)***_****

FEIN: **_*****

Principal Address: 1209 ORANGE STREET
WILMINGTON, DE 19801

Registered Agent

Name: C T CORPORATION SYSTEM

Address: 645 LAKELAND EAST DRIVE, Suite 101
FLOWOOD, MS 39232

Managers and Members

Members

Name:

Joshua DeRienzis
Member, Secretary

Address:

One Williams Center
Tulsa, OK 74172

Officers***Title/Name:******Address:******Director:*****President:**☐**Vice President:** Micheal DunnOne Williams Center
Tulsa, OK 74172☐**Secretary:** Joshua DeRienzisOne Williams Center
Tulsa, OK 74172☐**Treasurer:** Peter S BurgessONE WILLIAMS
CENTER
TULSA, OK 74172☐☐ This LLC has a written Operating Agreement.**NAICS Code/Nature of Business**

221210 - Natural Gas Distribution

221210 - Natural Gas Distribution

221210 - Natural Gas Distribution

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **03/22/2019**.

Name:

A. LOUIS TEUSCHER

*Treasurer****Address:***ONE WILLIAMS CENTER
TULSA, OK 74102

Officers List

Name:

Anthony W Rackley
Organizer

Peter S Burgess
Treasurer

Micheal Dunn
Vice President

John Poarch
Vice President

Chad Zamarin
Vice President

Patrick Carroll Junior
Vice President

Mark Cizek
Vice President

Mark Cluff
Vice President

Joshua DeRienzis
Member, Secretary

David Glenn
Secretary

Scott Hallam
Vice President

Stephen Hatridge
Vice President

Address:

ONE WILLIAMS CENTER
TULSA, OK 74172

ONE WILLIAMS CENTER
TULSA, OK 74172

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Thomas Janorschke
Vice President

One Williams Center
Tulsa, OK 74172

Evan Reed Kirchen
Vice President

One Williams Center
Tulsa, OK 74172

Cher Lawrence
Secretary

One Williams Center
Tulsa, OK 74172

Robert Riley
Secretary

One Williams Center
Tulsa, OK 74172

Geordie Robinson
Vice President

One Williams Center
Tulsa, OK 74172

Michael Stackhouse
Vice President

One Williams Center
Tulsa, OK 74172

Albert Taylor
Vice President

One Williams Center
Tulsa, OK 74172

A. Louis Teuscher
Treasurer, Vice President

One Williams Center
Tulsa, OK 74172

Ted Timmermans
Vice President

One Williams Center
Tulsa, OK 74172

Geoffrey Wilkinson
Vice President

One Williams Center
Tulsa, OK 74172



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
TRANSCONTINENTAL GAS PIPE LINE COMPANY LLC	Legal

Business Information

Business Type:	Limited Liability Company
Business ID:	942983
Status:	Good Standing
Effective Date:	12/31/2008
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
Anthony W Rackley ONE WILLIAMS CENTER TULSA, OK 74172	Organizer
Peter S Burgess ONE WILLIAMS CENTER TULSA, OK 74172	Treasurer
Micheal Dunn One Williams Center Tulsa, OK 74172	Vice President

John Poarch One Williams Center Tulsa, OK 74172	Vice President
Chad Zamarin One Williams Center Tulsa, OK 74172	Vice President
Patrick Carroll Junior One Williams Center Tulsa, OK 74172	Vice President
Mark Cizek One Williams Center Tulsa, OK 74172	Vice President
Mark Cluff One Williams Center Tulsa, OK 74172	Vice President
Joshua DeRienzis One Williams Center Tulsa, OK 74172	Member, Secretary
David Glenn One Williams Center Tulsa, OK 74172	Secretary
Scott Hallam One Williams Center Tulsa, OK 74172	Vice President
Stephen Hatridge One Williams Center Tulsa, OK 74172	Vice President
Thomas Janorschke One Williams Center Tulsa, OK 74172	Vice President
Evan Reed Kirchen One Williams Center Tulsa, OK 74172	Vice President
Cher Lawrence One Williams Center	Secretary

Tulsa, OK 74172

Robert Riley
One Williams Center
Tulsa, OK 74172

Secretary

Geordie Robinson
One Williams Center
Tulsa, OK 74172

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Treasurer, Vice President

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Vice President

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Tulsa, OK 74172

Vice President