

AI #76232
GAP20190001



RECEIVED
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BY: _____

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0 5 6 8

(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: 3.8
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: Kristin Benbow, Environmental Scientist

OWNER EMAIL ADDRESS: kristin.benbow@energytransfer.com

OWNER COMPANY NAME: Florida Gas Transmission Company, LLC

OWNER STREET (P.O. BOX): 2405 Lucien Way, Suite 200

OWNER CITY: Maitland STATE: FL ZIP: 32751

OWNER PHONE # (INCLUDE AREA CODE): 407-838-7119

JB

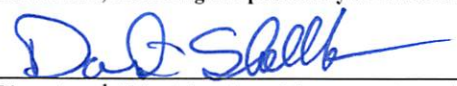
OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Kristin Benbow, Environmental Scientist
 OPERATOR EMAIL: kristin.benbow@energytransfer.com
 OPERATOR COMPANY: Florida Gas Transmission Company, LLC
 OPERATOR STREET (P.O. BOX): 2405 Lucien Way, Suite 200
 OPERATOR CITY: Maitland STATE: FL ZIP: 32751
 OPERATOR PHONE # (INCLUDE AREA CODE): 407-838-7119

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: 24-inch LAMEA-09 Pipe Replacement
 PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☒ NEW ☐ USED
 IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: NA
 PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):
 STREET: Stringer Pond (West of Hwy 43/Old Camp Rd) CITY: Poplarville
 COUNTY: Pearl River ZIP: 39470
 Facility site tribal land ID (NA if not applicable) NA
 TYPE OF TREATMENT (IF PROVIDED): NA
 SIC Code 4923 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.


 Signature¹ (Must be signed by operator when different than owner)
David Shellhouse
 Printed Name

10/8/19
 Date Signed
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

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	30.841056	-89.771828	Temp Well Point	Pearl River	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.03	Y		10/28/19	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

F0108

2019042163

Fee: \$ 250



DELBERT HOSEMANN
Secretary of State

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

Business ID: 898804
Filed: 02/18/2019 01:30 PM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

2019 LLC Annual Report

Business Information

Business ID: 898804

Business Name: Florida Gas Transmission
Company, LLC

State of Incorporation: DE

Business Email:
peggy.harrison@energytransfer.com

Phone: (***)***-****

FEIN: **-*****

Principal Address: 8111 Westcheaster Drive, Ste. 600
DALLAS, TX 75225

Registered Agent

Name: CORPORATION SERVICE COMPANY

Address: 7716 Old Canton Rd, Suite C
Madison, MS 39110

Managers and Members

Managers

Name:

Beth Hickey
Manager, Vice President

Address:

800 E. Sonterra Blvd.
San Antonio, TX 78258

Dave W. Shellhouse
Manager, Vice President

800 E. Sonterra Blvd.
San Antonio, TX 78258

Officers***Title/Name:******Address:******Director:*****President:**☐**Vice President:** Beth Hickey800 E. Sonterra Blvd.
San Antonio, TX 78258☐**Secretary:** Robert M Kerrigan8111 Westchester Drive,
Ste. 600
DALLAS, TX 75225☐**Treasurer:**☐☐ This LLC has a written Operating Agreement.**NAICS Code/Nature of Business**

221210 - Natural Gas Distribution

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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 ***02/18/2019***.

Name:***Address:***

Peggy J Harrison

8801 S Yale Ave, Suite 310

Other

Tulsa, OK 74137

Officers List

Name:

Martin Salinas Jr
Organizer

Address:

3738 OAK LAWN AVE.
DALLAS, TX 75219

Beth Hickey
Manager, Vice President

800 E. Sonterra Blvd.
San Antonio, TX 78258

Dave W. Shellhouse
Manager, Vice President

800 E. Sonterra Blvd.
San Antonio, TX 78258

Robert M Kerrigan
Secretary, Vice President

8111 Westchester Drive, Ste. 600
DALLAS, TX 75225

Eric J Amendsen
Vice President

8111 Westchester Drive, Ste. 600
Dallas, TX 75225

Christopher Curia
Vice President

800 E Sonterra Blvd
San Antonio, TX 78258

Darryl Krebs
Vice President

800 E Sonterra Blvd
San Antonio, TX 78258

Michael T Langston
Vice President

1300 Main Street
Houston, TX 77002

Robert Rose
Vice President

1300 Main Street
Houston, TX 77002

Troy A. Sturrock
Vice President

800 E. Sonterra Blvd.
San Antonio, TX 78258

Thomas E Long
Other

8111 Westchester Drive, Suite 600
Dallas, TX 75225

William J Healy
Secretary

8111 Westchester Drive, Suite 600
Dallas, TX 75225