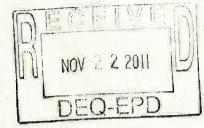
AT #36314 Gnpa0110001





HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 Q 3 4 6

(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 and storm water associated with land disturbing activities of one (1) acre or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than one (1) acre but will ultimately disturb one (1) or more acres. 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 or storm water from regulated construction activities without written notification of coverage is a violation of state law.

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:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT8 of the General Permit, if the project includes regulated construction activity disturbing five (5) acres or more
- A description of proposed water treatment additives as outlined in ACT4, S-4 of the General Permit
- · Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- 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 chec	ek one or both)
	OWN	NER INFORMATION		
OWNER CONTACT NAME &	& POSITION: Laura	Luce, President		
OWNER COMPANY NAME:	Leaf River Energy	Center, LLC		
OWNER STREET (P.O. BOX	: 53 Riverside Ave	enue	\$*************************************	
OWNER CITY: Westport		S	TATE: CT	ZIP: 06880
OWNER PHONE # (INCLUD	E AREA CODE): 20	3.557.1000		

OPERATOR CONTACT NAME & POSITION; Same as Above OPERATOR COMPANY; SAME OPERATOR STREET (P.O. BOX): SAME OPERATOR CITY; SAME STATE: OPERATOR PHONE # (INCLUDE AREA CODE); SAME FACILITY/PROJECT INFORMATION FACILITY/PROJECT NAME; Leaf River Cavern Well Relocation Project PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: NA IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES (NOTE: A construction SWPPP must be attached with this HTNOL, if disturbing five (5) PHYSICAL SITE ADDRESS (if not available, indicate nearest named road. Linear proj STREET: Near Intersection of County Line Road & SC Rd. 5 CITY: Near Str COUNTY: Smith TYPE OF TREATMENT (IF PROVIDED): No treatment required. Hydrostatic test certify under penalty of law that this document and all attachments were prepared under my direction yet and evaluated the information successor on persons who manage the system, or those persons directly responsible for gathering the informent on persons who manage the system, or those persons directly responsible for gathering the information, including the possibility of fines and/or imprisonment for knowing violations. 11-21-2011 Signature (Must be signed by operator when different than owner) Geof Storey Printed Name 11-21-2011 Date Signed Executive Title This application shall be signed according to ACT12, T-7 of the General Permit, as follows: For a corporation, by a responsible corporate officer.	
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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,	
ITNOI forms must be submitted to: Chief, Environmental Permits Division	or ranking elected official.
MS Dept of Environmental Quality, Office of Po	or ranking elected official.
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.

OUTALL NO.	LATITUDE ¹ (deg/min/sec)	LONGITUDE 1 (deg/min/sec)	(First Description	NEAREST RECEIVING STREAM ²					(g) (A) 自由(h)	STATUS OF		TEXEN CHI	X
			SOURCE OF FILL WATER	NAME	ON N 30: LIS Yes	MDEQ 3(D) T? 3	H/ TMC Yes	AS DL? ³	EST. TOTAL DISCHARGE (MIL GAL)	PIPE	NK, LINE, WLINE IC. Used	EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING
001	31/51/55.77	89/19/23.97		Int Trib Buckhalter Br		1		1	0.025	1		12/09/11	
002			1										
003										RE			
004													
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012													

Revised: 06/01/11

List the latitude and longitude of its location to the nearest 15 seconds.
 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