AE-#36313
GMP20120001

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Dept of Environmental Quality

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT
GENERAL PERMIT MSG13 0366

(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 check one or both)**

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Patricia Berry, Senior Environmental Specialist

OWNER COMPANY NAME: Mississippi Power Company

OWNER STREET (P.O. BOX): P.O. Box 4079

OWNER CITY: Gulfport **STATE:** MS **ZIP:** 39502

OWNER PHONE # (INCLUDE AREA CODE): 228-897-6396

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Hunter Dyess, Project Manager

OPERATOR COMPANY: MG Dyess, Inc.

OPERATOR STREET (P.O. BOX): 7159 Hwy 35 South

OPERATOR CITY: Bassfield **STATE:** MS **ZIP:** 39421

OPERATOR PHONE # (INCLUDE AREA CODE): (601) 943 - 6663

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Kemper IGCC Natural Gas Pipe Line **SIC Code:** _ _ _ _

PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☑ **NEW** ☐ **USED**

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: _____

IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: _____
(NOTE: A construction SWPPP must be attached with this HTNOI, if disturbing five (5) acres or more).

PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):

STREET: 5835 Highway 493 **CITY:** Liberty

COUNTY: Kemper **ZIP:** 39573

TYPE OF TREATMENT (IF PROVIDED): Potable Water - 4" Municipal Water Line

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[1] (Must be signed by operator when different than owner) **Date Signed** 6/25/12

Charles Rick Berry, Environmental Quality **Printed Name**

Land and Water Supervisor **Title**

[1]**This application shall be signed according to ACT12, T-7 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: 06/01/11

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)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM [2] NAME	ON MDEQ 303(D) LIST? [3] Yes	ON MDEQ 303(D) LIST? [3] No	HAS TMDL? [3] Yes	HAS TMDL? [3] No	EST. TOTAL DISCHARGE (MIL GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC. New	STATUS OF TANK, PIPELINE, FLOWLINE ETC. Used	EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING
001	32° 39' 12.07"	84° 45' 11.74"	4" Water Line	Chickasawhay Creek		✓		✓	293,000	✓		7/10/12	New
002													
003													
004													
005													
006													
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012													

Revised: 06/01/11

[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: _____

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

In accordance with ACT10, R-3 of the Hydrostatic Test General Permit, notification shall be submitted to MDEQ regarding the start date/time and anticipated duration of the surface discharge of hydrostatic test water from the subject project. Submittal of this notification form should be postmarked at least 15 days prior to the discharge start date to allow MDEQ, at its discretion, to schedule an observer to witness the discharge.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: Mississippi Power Company/MG Dyess

CONTACT PERSON: Patricia Berry/Hunter Dyess CONTACT'S PHONE NUMBER: (601) 441-1088

PROJECT NAME: Kemper IGCC Natural Gas Pipe Line OUTFALL NUMBER(S): _____

DIRECTIONS TO OUTFALL: From De Kalb, travel South approx. 11 miles to Blackwater Rd. Turn West on to Blackwater Rd and travel approx. 4 miles to Hwy 493. Turn North on Hwy 493 and travel approx. 3.25 miles to Kemper County Plant Site. Turn West into plant site and travel approx. 800' and turn South into parking lot. Outfall location is located at Southeast corner of parking lot.

DISCHARGE START DATE: 7/18/12 DISCHARGE START TIME: 7:00 am DISCHARGE DURATION (hours): approx. 8 hrs

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[1] **Date** 6/25/12

Charles Rick Berry, Environmental Quality **Printed Name**

Land and Water Supervisor **Title**

Submit this form to:

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

Revised: 05/24/11

[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.