AI #2352 GnP20140001



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DEC 5 - 2014

Dept. of Environmental Quality

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 0 4 3 7

(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	ck one or both)	
	OW	NER INFORMATION	BHAILE		
OWNER COMPANY NAME:			al Advisor		
OWNER STREET (P.O. BOX): 700 Louisiana St	reet, Suite 700			
OWNER CITY: Houston		SI	тате: Тх	ZIP: 77002	
OWNER PHONE # (INCLUD	E AREA CODE): 83	2-320-5369	Ser Sh		

	OPERATOR INFORMATION
OPERATOR CONTACT NAME & POS	ITION: N/A
OPERATOR COMPANY: N/A	
OPERATOR STREET (P.O. BOX): N/.	
	STATE: N/A ZIP: N/A
OPERATOR PHONE # (INCLUDE AR	
	ACILITY/PROJECT INFORMATION
FACILITY/PROJECT NAME: Sarce	is Compressor Station SIC Code: 4 9 2 2
THEIDITIN NOBEL MAINE.	
PIPELINE, STORAGE TANK OR FLO	
IF USED, LIST PRIOR MATERIAL SE	RVICE OF EQUIPMENT: N/A
	ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: N/A
(NOTE: A construction SWPPP must be	attached with this HTNO1, if disturbing five (5) acres or more).
PHYSICAL SITE ADDRESS (If not ava	lable, indicate nearest named road. Linear projects indicate beginning of project):
STREET: 2099 Hollygrove Road	CITY: Sardis
COUNTY: Panola	ZIP: 38666
TYPE OF TREATMENT (IF PROVIDE	D): N/A
ystem designed to assure that qualified personn person or persons who manage the system, or the he best of my knowledge and belief, true, accuration, including the possibility of fines and	and all attachments were prepared under my direction or supervision in accordance with a properly gathered and evaluated the information submitted. Based on my inquiry of the se persons directly responsible for gathering the information, the information submitted is, to te and complete. I am aware that there are significant penalties for submitting false for imprisonment for knowing violations.
Signature' (Must be signed by operator wh	en different than owner) Date Signed
	Randall Schmidgall, Vice President
Printed Name	JS Gas Pipelines & Storage Operations
*This application shall be signed according	to ACT12, T-7 of the General Permit, as follows:
 For a corporation, by a responsible co For a partnership, by a general partner 	
• For a sole proprietorship, by the prop	ietor.
• For a municipal, state or other public	acility, 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:

- 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 LATITUDE ¹ NO. (deg/mln/sec	Control example	Description Co.		NEAREST RECEIVING STREAM ²				Salan sala	STATUS OF		REMINER	MEMORE	
	LATITUDE ¹ LONGITUDE ¹ (deg/mln/sec) (deg/mln/sec)	SOURCE OF FILL WATER	NAME	303	MDEQ 3(D) T? 3	H, TMI Yes	AS DL? ³	EST. TOTAL DISCHARGE (MIL GAL)	PIPE FLO	NK, LINE, WLINE TC. Used	EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING	
001	34° 25' 28.985" N	90° 7' 32.286" W	Municipal	Indian Creek		1		1	0.02	1		1-6-15	New
002													
003													
004													
005													
006													
007												1 4 = 1	
008				Maria Maria									
009													
010													
011													
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