



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

**Hydrostatic Test General Permit to Discharge  
Hydrostatic Test Water and Storm Water from Construction Activities  
NPDES Permit MSG13**

# **HYDROSTATIC TEST FORMS PACKAGE**

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- NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER .....4
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**These standard forms are used to apply for permit coverage under the Hydrostatic Test General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on our website at [http://www.deq.state.ms.us/mdeq.nsf/page/epd\\_epdgeneral](http://www.deq.state.ms.us/mdeq.nsf/page/epd_epdgeneral). Required information can be completed on screen, saved and/or printed.**

**Revised: 03/15/17**



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

## FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 \_\_\_\_\_

(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: \_\_\_\_\_

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: \_\_\_\_\_

OWNER EMAIL ADDRESS: \_\_\_\_\_

OWNER COMPANY NAME: \_\_\_\_\_

OWNER STREET (P.O. BOX): \_\_\_\_\_

OWNER CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER PHONE # (INCLUDE AREA CODE): \_\_\_\_\_

**OPERATOR INFORMATION**

OPERATOR CONTACT NAME & POSITION: Barry Glover, Operations Supervisor  
 OPERATOR EMAIL: Barry\_Glover@kindermorgan.com  
 OPERATOR COMPANY: Tennessee Gas Pipeline Company  
 OPERATOR STREET (P.O. BOX): 8450 Hwy 6 West  
 OPERATOR CITY: Batesville STATE: MS ZIP: 38606  
 OPERATOR PHONE # (INCLUDE AREA CODE): 662-712-2023

**FACILITY/PROJECT INFORMATION**

FACILITY/PROJECT NAME: AFE 222248 - Depth of Cover Rem. MLV 58-63  
 PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS:  NEW  USED  
 IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: \_\_\_\_\_  
 PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):  
 STREET: 8450 Hwy 6 West CITY: Batesville  
 COUNTY: Panola ZIP: 38606  
 Facility site (tribal land ID (NA if not applicable) NA  
 TYPE OF TREATMENT (IF PROVIDED): NA  
 SIC Code 4922 NAICS Code 486210

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: John Powell  
 (Must be signed by operator when different than owner)  
 Printed Name: John Powell

Date Signed: 8/6/2020  
 Title: Div DIRECTOR

This 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:

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.

OUTFALL NO.	LATITUDE <sup>1</sup> (deg/min/sec)	LONGITUDE <sup>1</sup> (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM <sup>2</sup>				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? <sup>3</sup>		HAS TMDL? <sup>3</sup>		New	Used			
					Yes	No	Yes						No
001													
002													
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

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](mailto:netdmrhelp@mdeq.ms.gov) or contact Annette Brocks at 601-961-5252

<sup>1</sup> List the latitude and longitude of its location to the nearest 15 seconds.

<sup>2</sup> Name of the nearest named receiving stream as listed on a USGS Quad Map.

<sup>3</sup> 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](http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)



HYDROSTATIC TEST GENERAL PERMIT  
COVERAGE NUMBER (MSG13 \_\_\_\_\_) COUNTY: Paulde

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

COVERAGE RECIPIENT INFORMATION

COMPANY NAME:	<u>Tennessee Gas Pipeline Company</u>		
CONTACT PERSON:	<u>Paula Gutierrez</u>	CONTACT'S PHONE NUMBER:	<u>936 788-4008</u>
PROJECT NAME:	<u>AFE 222248 - Depth of Cover Rem. MLV 56-83</u>	OUTFALL NUMBER(S):	<u>001</u>
DIRECTIONS TO OUTFALL:	_____ _____ _____		
DISCHARGE START DATE:	<u>12/10/2020</u>	DISCHARGE START TIME:	<u>9:00 am</u>
		DISCHARGE DURATION (hours):	<u>2</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

Date

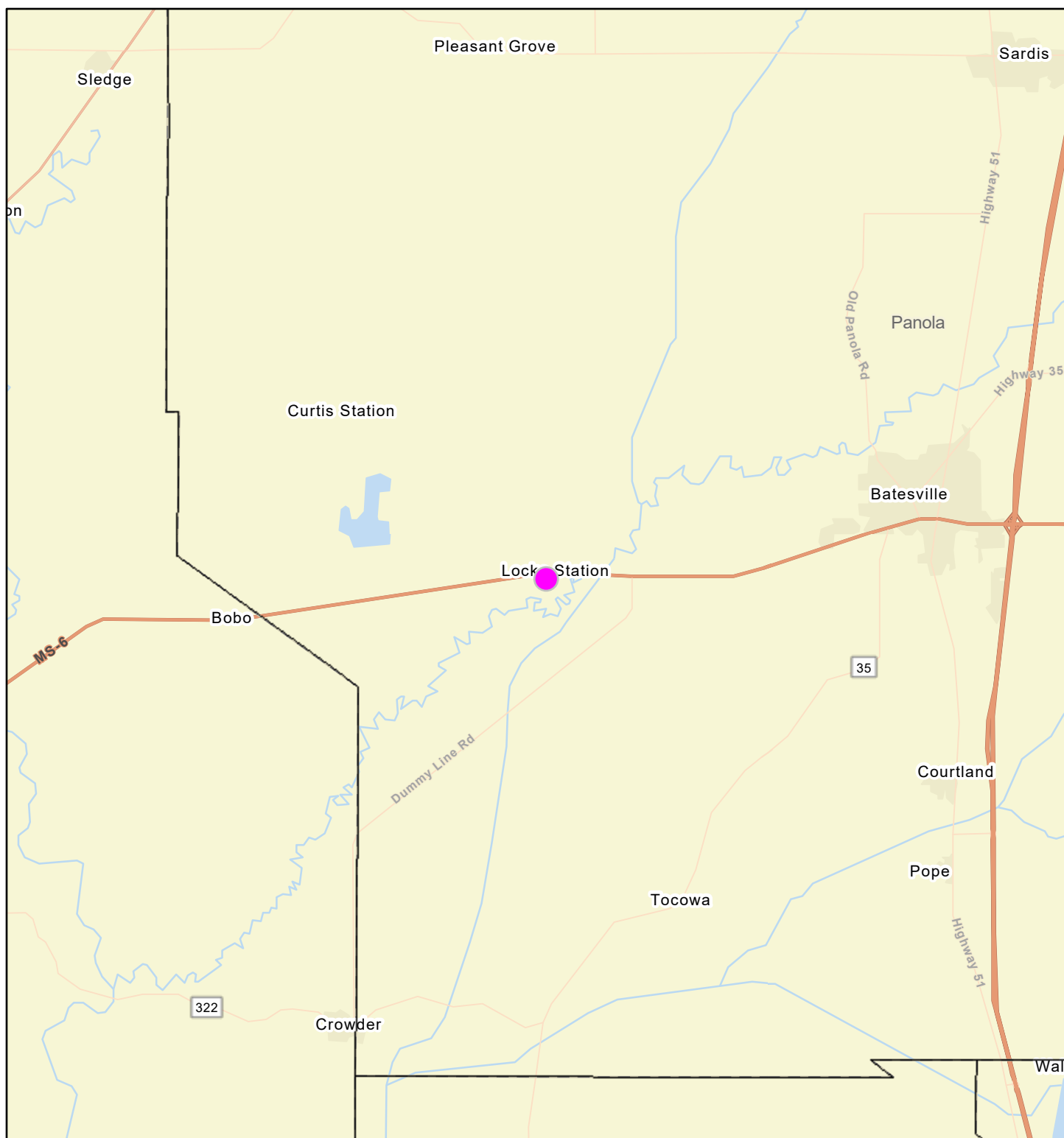
Title

Submit this form to:

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

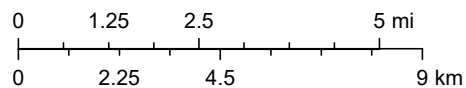
Revised: 3-15-17



# Discharge at Batesville Compressor Station - Vicinity Map



July 14, 2020

1:203,650



-  Discharge Location
-  Counties

Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community, EPA OEI

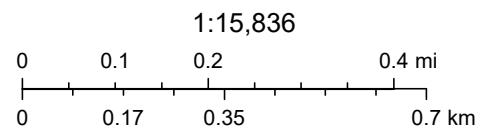


# Discharge at Batesville CS - Aerial Photo Background



July 14, 2020

-  Tallatchie River
-  Discharge Location
-  Streams



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community