

REC'D VIA EMAIL

2-14-2022

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80954



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0 5 9 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: 1.71
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: Sydney Janda

OWNER EMAIL ADDRESS: Sydney.Janda@williams.com

OWNER COMPANY NAME: Transcontinental Gas Pipe Line, LLC

OWNER STREET (P.O. BOX): 2800 Post Oak Boulevard

OWNER CITY: Houston STATE: TX ZIP: 77056

OWNER PHONE # (INCLUDE AREA CODE): (918)-344-1535

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: N/A

OPERATOR EMAIL: N/A

OPERATOR COMPANY: N/A

OPERATOR STREET (P.O. BOX): N/A

OPERATOR CITY: N/A STATE: N/A ZIP: N/A

OPERATOR PHONE # (INCLUDE AREA CODE): N/A

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Eminence Lateral ML Tie-In

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: Williams Road CITY: Eminence

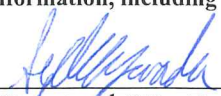
COUNTY: Covington ZIP: 39479

Facility site tribal land ID (NA if not applicable) N/A

TYPE OF TREATMENT (IF PROVIDED): _____

SIC Code 4 9 2 2 NAICS Code 2 2 1 2 1 0

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)
Sydney Janda
 Printed Name

2/14/2022
 Date Signed
Environmental Specialist
 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	Yes		No	New		
001	31°37'3.63"N	89°25'57.64"W	Onsite Tank	Kelly Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	.0107586	X		3/18/22-04/1/22	
002	31°37'3.63"N	89°25'57.64"W	Onsite Tank	Unidentified Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.0107586	X		3/18/22-04/1/22	
003					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
004					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
005					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
006					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
007					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
008					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
009					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
010					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
011					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
012					<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/2ga06sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette Brooks 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



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13 _____) COUNTY: Covington _____

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

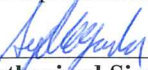
In accordance with ACT 10, R-3 of the Hydrostatic Test General Permit, notification shall be submitted to MDEQ regarding the start date/time and anticipated duration of the surface discharge of hydrostatic test water from the subject project. Submittal of this notification form should be postmarked at 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: Transcontinental Gas Pipe Line Company, LLC
CONTACT PERSON: Sydney Janda CONTACT'S PHONE NUMBER: (918) 344-1535
PROJECT NAME: Eminence Lateral ML Tie-In OUTFALL NUMBER(S): 2
DIRECTIONS TO OUTFALL: See attachment containing directions

DISCHARGE START DATE: 3/18/2022 DISCHARGE START TIME: TBD DISCHARGE DURATION (hours): 8

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 Signature¹
Sydney Janda
Printed Name

2/14/2022
Date
Environmental Specialist
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

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.

ATTACHMENT A – LABELED SITE DRAWING

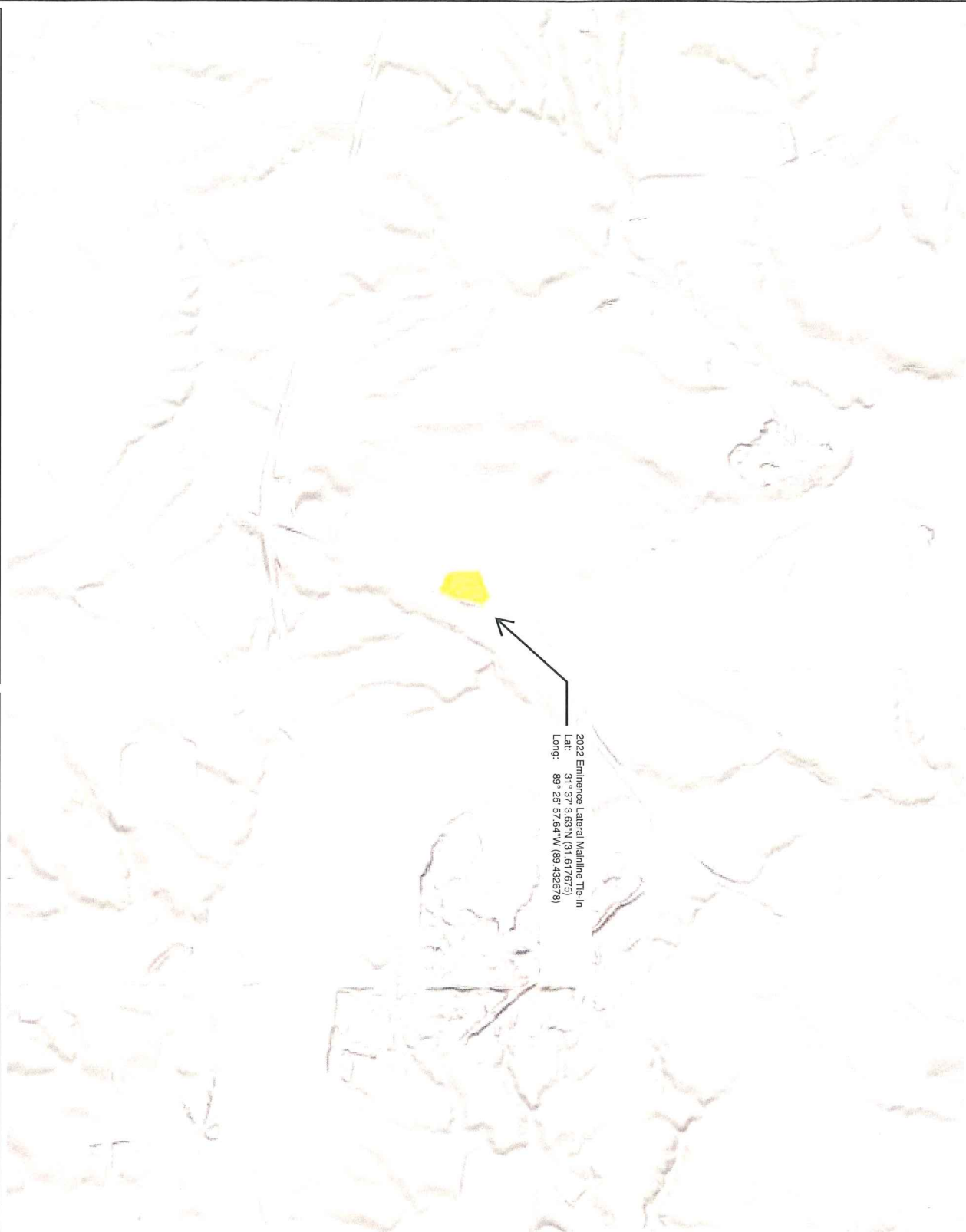


EMINENCE LATERAL MAINLINE TIE-IN



Legend

 Workspace



2022 Eminence Lateral Mainline Tie-In
Lat: 31° 37' 3.53"N (31.617675)
Long: 89° 25' 57.64"W (89.432678)



1: 17,629
Created: 2/14/2022 11:00 AM

WGS_1984_Web_Mercator_Auxiliary_Sphere
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TRANSCONTINENTAL GAS PIPE LINE COMPANY, LLC
COVINGTON COUNTY

Notes

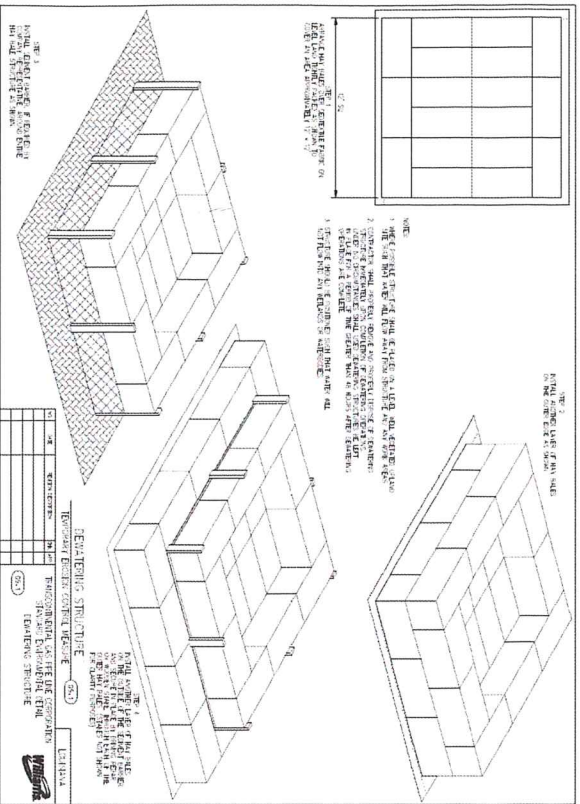
Notice

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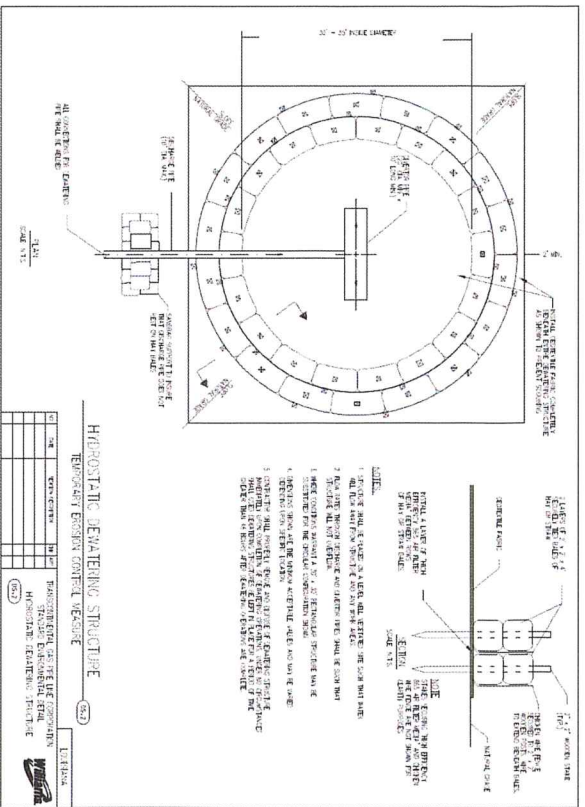
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Satellite imagery © 2020 Navier Technologies
Underlying data provided by Garmin Ltd., Inc. and used with permission

ATTACHMENT B – DEWATERING STRUCTURE



Transcontinental Gas Pipe Line Company, LLC will be using one of the two haybale structures shown in these figures for the discharge event.



ATTACHMENT C – DIRECTIONS TO OUTFALL



515 East Amite Street, Jackson, MS 39201 to
Covington County, Mississippi

Drive 70.9 miles, 1 hr 15 min

515 E Amite St
Jackson, MS 39201

Take E Capitol St to State St

53 s (433 ft)

- ↑ 1. Head south toward E Capitol St

174 ft

- ↶ 2. Turn left onto E Capitol St

259 ft

Take US 49 S to Ellisville Rd in Covington County

1 hr 7 min (63.1 mi)

- ↷ 3. Use the middle lane to turn right at the 1st cross street onto State St

0.1 mi

- ↶ 4. Use the left 2 lanes to turn left at the 2nd cross street onto E Pascagoula St

0.6 mi

- ↗ 5. Keep right at the fork, follow signs for I-55 S/McComb and merge onto I-55 S

1.0 mi

- ↷ 6. Take exit 94 to merge onto US 49 S toward Hattiesburg

3.1 mi

- ↗ 7. Slight right toward U.S. 49 Frontage Rd

315 ft

- ↖ 8. Slight left onto U.S. 49 Frontage Rd

0.3 mi

- ↑ 9. Continue straight onto US 49 S

 Pass by O'Reilly Auto Parts (on the right in 5.8 mi)

55.6 mi

- ↗ 10. Use the right lane to merge onto US-84 E via the ramp to Laurel

2.1 mi

Follow Ellisville Rd and MS-588 E to Williams Rd


8 min (7.7 mi)

- ↷ 11. Keep right to continue on Ellisville Rd

4.7 mi

- ↑ 12. Continue onto MS-588 E

2.7 mi

↩ 13. Turn left onto Williams Rd
 Destination will be on the left

0.4 mi

Covington County

Mississippi

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

ATTACHMENT D – CERTIFICATE OF GOOD STANDING



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

TRANSCONTINENTAL GAS PIPE LINE COMPANY LLC

Registered the 31st day of December, 2008

A Delaware LIMITED LIABILITY COMPANY has filed the necessary documents in this office and has obtained a certificate of registration to do business in this state, under the provisions of The Mississippi Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

I further certify that said Limited Liability Company has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designating its agent and/or attorney for service of process in this State as:

C T CORPORATION SYSTEM
645 LAKELAND EAST DRIVE, Suite 101
FLOWOOD, MS 39232

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 31st day of January, 2022

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN22129891

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>



February 14, 2022

Ms. Tracy Tomkins,
Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
515 East Amite Street
Jackson, Mississippi 39201

Re: Transcontinental Gas Pipe Line Company, LLC
Hydrostatic Notice of Intent
2022 Eminence Lateral ML Tie-In Hydrostatic Test
Covington County, Mississippi

Dear Ms. Tomkins:

In preparation for upcoming tests in Covington County, Transcontinental Gas Pipe Line Company, LLC (Transco) is submitting the attached Hydrostatic Notice of Intent (HTNOI) in preparation for your review and approval. All relevant information regarding the test is documented within the HTNOI forms.

Please find a completed HTNOI, a USGS map showing the outfall location, a drawing of the proposed dewatering structure, directions to the dewatering structure, and Transco's Certificate of Good Standing attached. If any questions arise during the review process, please contact me via cellphone at (918)-344-1535, or I can be reached via email at Sydney.Janda@williams.com.

Regards,
Sincerely,

A handwritten signature in black ink, appearing to read "Sydney Janda", written in a cursive style.

Sydney Janda
Environmental Specialist



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

- HYDROSTATIC TEST NOTICE OF INTENT (HTNOI).....2
- NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC
TEST WATER4
- MAJOR MODIFICATION FORM5
- REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE
AND/OR NAME CHANGE6
- REQUEST FOR TERMINATION OF COVERAGE8

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. Required information can be completed on screen, saved and/or printed.

Revised: 03/15/17