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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

## FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

### GENERAL PERMIT GENERAL PERMIT MSG13 0406

(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: NA  
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: Tim McKellar, Permitting Specialist SR II

OWNER EMAIL ADDRESS: tim\_mckellar@kindermorgan.com

OWNER COMPANY NAME: Southern Natural Gas Company. L.L.C.

OWNER STREET (P.O. BOX): 569 Brookwood Village, Suite 749

OWNER CITY: Birmingham STATE: AL ZIP: 35209

OWNER PHONE # (INCLUDE AREA CODE): 205-325-3517

*ml-received via email 4.16.22*

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Tim McKellar, Permitting Specialist SR II

OPERATOR EMAIL: tim\_mckellar@kindermorgan.com

OPERATOR COMPANY: Southern Natural Gas Company. L.L.C.

OPERATOR STREET (P.O. BOX): 569 Brookwood Village, Suite 749

OPERATOR CITY: Birmingham STATE: AL ZIP: 35209

OPERATOR PHONE # (INCLUDE AREA CODE): 205-325-3517

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: SNG-2062 GWINVILLE-PICKENS LINE

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

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: Natural Gas

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

STREET: Stull Road CITY: Goshen Springs

COUNTY: Rankin ZIP: 39047

Facility site tribal land ID (NA if not applicable) NA

TYPE OF TREATMENT (IF PROVIDED): None

SIC Code 4 9 2 2 NAICS Code 4 8 6 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.

Gina B. Dorsey

6/15/2022

Signature<sup>1</sup> (Must be signed by operator when different than owner)

Date Signed

Gina B. Dorsey

Director, EHS- Project Permitting

Printed Name

Title

<sup>1</sup>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	32°25'48.70"N	-89°55'30.91"W	Municipal	Clark Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.285		X	10/25/22	
002					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
003					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
004					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
005					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
006					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
007					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
008					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
009					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
010					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
011					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
012					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

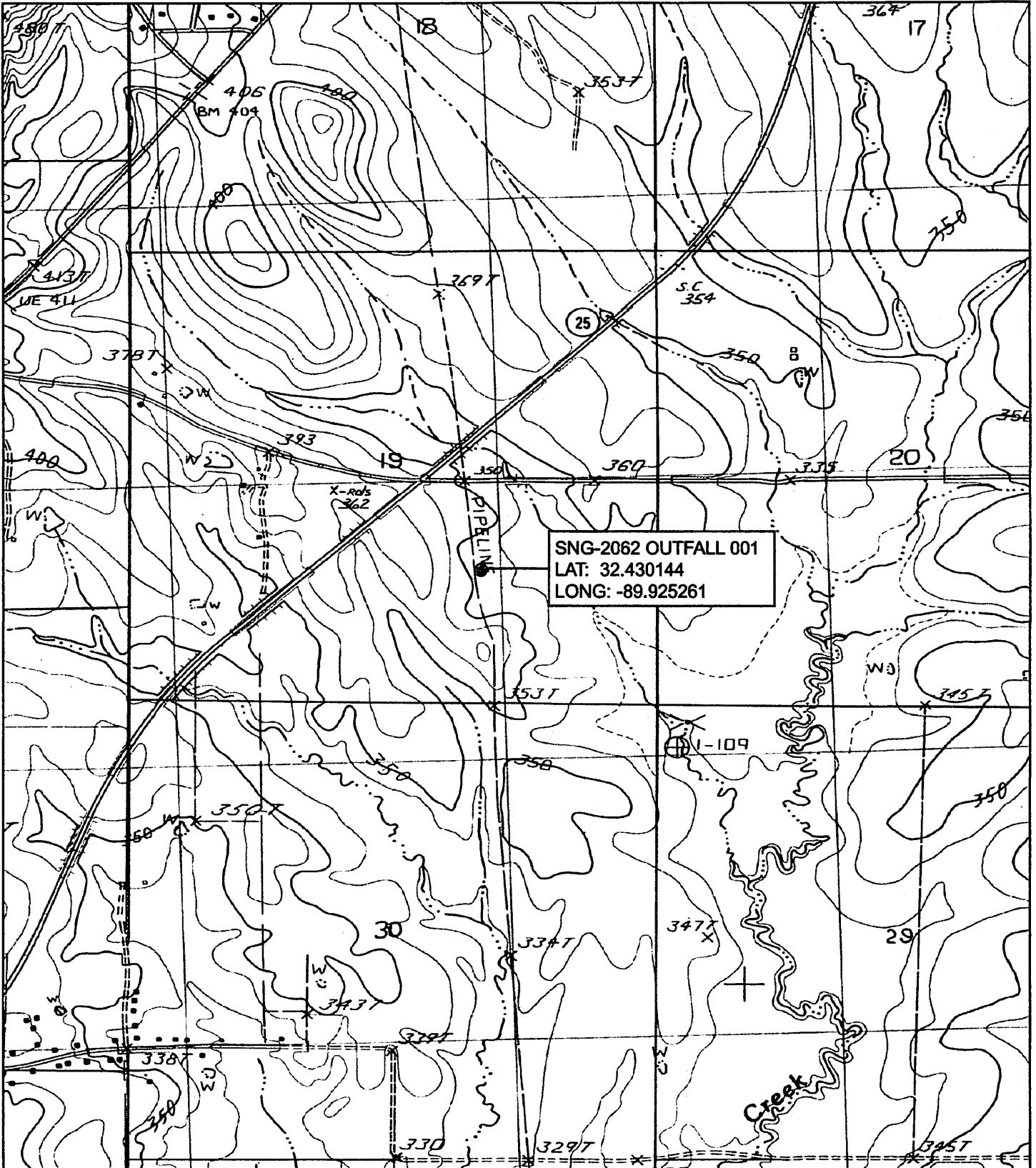
Revised: 03/15/17

**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/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

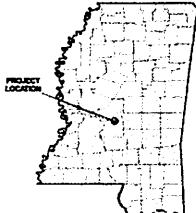
<sup>1</sup> List the latitude and longitude of its location to the nearest 15 seconds.

<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)



SNG-2062 OUTFALL 001  
 LAT: 32.430144  
 LONG: -89.925261



PROJECT LOCATION  
 RANKIN COUNTY, MISSISSIPPI

**LEGEND**  
 ● PROPOSED OUTFALL LOCATION

SOURCE: USGS TOPOGRAPHIC MAPS

SOUTHERN NATURAL GAS CO., LLC  
 SNG-2062 GWINVILLE-PICKENS LINE

**ALLEN** ENGINEERING AND SCIENCE

Scale: 1" = 1000'	DRAWN BY: OB	DATE: 05/19/22
	CHKD BY: TB	DATE: 05/19/22

PROJECT NO. 22083	CAD FILE: 22083 051822 FIG01 D SLM
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SITE LOCATION MAP

FIGURE  
1



**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:

### **SOUTHERN NATURAL GAS COMPANY, L.L.C.**

Registered the 4th day of August, 2011

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 May, 2022

Certificate Number: CN22140385

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