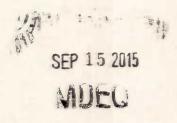
AII #10166 GNP20150001





# HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

# FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 0 4 6 3

(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. <u>Discharge of hydrostatic test</u> 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:	<b>✓</b> OWNER	<b>✓</b> OPERATOR	(Must chec	ek one or both)
	OWN	VER INFORMATION		
OWNER CONTACT NAME &	& POSITION: Warre	en Fusilier / Director, E	nvironmental	& Regulatory Complian
OWNER COMPANY NAME:	Plains Marketing,	LP		
OWNER STREET (P.O. BOX	): P. O. Box 4648			
OWNER CITY: Houston		S	TATE: TX	ZIP: 77210-4648
OWNER PHONE # (INCLUD	E AREA CODE): 71	3-646-4515		

Manager, Heide	zip: 39455
	<b>ZIP:</b> 39455
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	SIC Code: 4 6 1 2
☐ NEW	✓ USED
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rbing five (5) ac Linear project ry: Heidelber	ts indicate beginning of project
ımbisulfite if F	Residual Cl > .013 mg/L
information subn hering the inform	or supervision in accordance with nitted. Based on my inquiry of the ation, the information submitted i benalties for submitting false
9-14-20 Date Signed	2/5
9-14-20 Date Signed	ironmental & Reg Compli
	Heidelber  P: 39439  Imbisulfite if F  der my direction information submering the inform

- 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.

	E-1025 (511)		SERVICE PARTY	NEAREST RECEIVING STREAM <sup>2</sup>			BITTO		STATUS OF		BE SINE S		
OUTALL NO.	LATITUDE <sup>1</sup> (deg/min/sec)	LONGITUDE <sup>1</sup> (deg/min/sec)	SOURCE OF FILL WATER	NAME		MDEQ 3(D) T?	H. TMI Yes	AS DL? <sup>3</sup>	EST. TOTAL DISCHARGE (MIL GAL)	PIPE FLOV	NK, LINE, VLINE IC. Used	EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING
001	N31°52'16"	W88°59'18"	CityofHeidelberg	Bogue Homo/413911	1		1		2.0			9/30/2015	Yes
002													
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

Revised: 06/01/11

<sup>&</sup>lt;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



HYDROSTATIC TEST GENERAL PERMIT
COVERAGE NUMBER (MSG13) COUNTY:
FIELCATION OF SUDFACE DISCUADOE OF HVDDOSTATIC TEST WAY

#### 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**

CONTACT PERSON: Jared Slade PROJECT NAME: Heidelberg Staion		CONTACT'S PHONE NUMBER: (601) 796-5650  OUTFALL NUMBER(S): 001					
		miles and veer right onto Jasper County Road					
3535 (aka Pine Street) and conti	nue for .84 miles; thence turn let	t on Hess Street and continue .3 miles to					
Heidelberg Station TK-1223 ins	ide the secondary containment o	n the left.					
These are tentative dates and tin	nes:						
DISCHARGE START DATE: 9/30/15	DISCHARGE START TIME: 09:00	DISCHARGE DURATION (hours): 24:00					

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 District Manager, Heidelberg District Manager, Heidel

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

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.