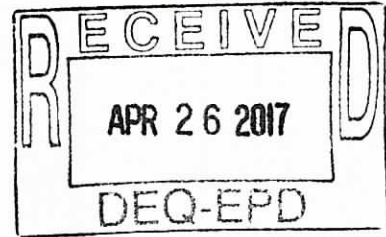


AI #4105
Gnp20170001



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI) FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG13 0511 (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: Eric Estopinal - Project Manager

OWNER EMAIL ADDRESS: Eric.Estopinal@energytransfer.com

OWNER COMPANY NAME: Trunkline Gas Company

OWNER STREET (P.O. BOX): 1300 Main Street

OWNER CITY: Houston STATE: TX ZIP: 77002

OWNER PHONE # (INCLUDE AREA CODE): 713.989.7458

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: _____

OPERATOR EMAIL: _____

OPERATOR COMPANY: _____

OPERATOR STREET (P.O. BOX): _____

OPERATOR CITY: _____ STATE: _____ ZIP: _____

OPERATOR PHONE # (INCLUDE AREA CODE): _____

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Independence Compressor Station

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: 8354 Highway 305 CITY: Coldwater

COUNTY: Tate ZIP: 38618

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

TYPE OF TREATMENT (IF PROVIDED): _____

SIC Code 4922 NAICS Code _____

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) _____
Joey Mahmoud
 Printed Name

4/13/2017
 Date Signed
Vice President
 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

Revised: 03-15-17

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 (degrees/minutes)	LONGITUDE 1 (degrees/minutes)	SOURCE OF POLLUTANTS	NEAREST RECEIVING STREAM NAME	ON MDEQ 303(d) LIST?		HAS TSD?*		EST. TOTAL DISCHARGE (GAL. GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC.		EXPECTED TEST DATE(S) (month/yr)	INDICATE WHETHER OUTFALL IS NEW OR EXISTING
					Yes	No	Yes	No		New	Used		
001	34.741689	89.809945	Sta. Pond	Sta. Pond		X		X	0.07	X		07/17	New
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 USEPA'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/2gao6wv>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette Brooks at 601-961-5252

* List the latitude and longitude of its location to the nearest 15 seconds.

** Name of the nearest named receiving stream as listed on a USGS Quad Map.

** 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: _____

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS



COVERAGE RECIPIENT INFORMATION

COMPANY NAME:	Trunkline Gas Company	
CONTACT PERSON:	Jacob Koebbe	CONTACT'S PHONE NUMBER: (517) 592-2226
PROJECT NAME:	Independence Station	OUTFALL NUMBER(S): 1
DIRECTIONS TO OUTFALL:	Outfall will be located within the existing Independence Compressor Station. The station is located on Highway 305 outside of Coldwater.	
DISCHARGE START DATE:	7/17	DISCHARGE START TIME: TBD DISCHARGE DURATION (hours): TBD

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: *[Signature]*
 Printed Name: Joey Mahmoud

Date: 4/13/2017
 Title: Vice President

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.