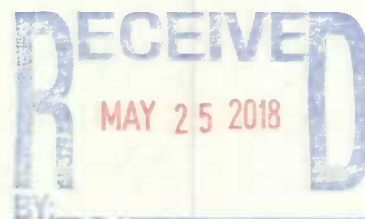
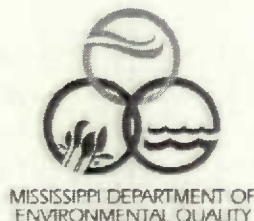


AI # 69935  
Grip 20180001



## HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

### FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

#### GENERAL PERMIT

GENERAL PERMIT MSG13 0 5 3 5

(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: 33.34  
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: Richard Prior, Vice President

OWNER EMAIL ADDRESS: richard\_prior @transcanada.com

OWNER COMPANY NAME: Columbia Gulf Transmission, LLC

OWNER STREET (P.O. BOX): 700 Louisiana Street

OWNER CITY: Houston STATE: TX ZIP: 77002

OWNER PHONE # (INCLUDE AREA CODE): 832.320.5201

25

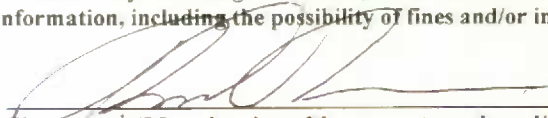
# OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Richard Prior, Vice President  
 OPERATOR EMAIL: richard\_prior @transcanada.com  
 OPERATOR COMPANY: Columbia Gulf Transmission, LLC  
 OPERATOR STREET (P.O. BOX): 700 Louisiana Street  
 OPERATOR CITY: Houston STATE: TX ZIP: 77002  
 OPERATOR PHONE # (INCLUDE AREA CODE): 832.320.5201

# FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Gulf XPress Holcomb Compressor Station  
 PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☒ NEW ☐ USED  
 IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: NA  
 PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):  
 STREET: 1420 Old Highway 7 CITY: Holcomb  
 COUNTY: Grenada ZIP: 38940  
 Facility site tribal land ID (NA if not applicable) NA  
 TYPE OF TREATMENT (IF PROVIDED): See Attachment A  
 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<sup>1</sup> (Must be signed by operator when different than owner)  
Richard Prior  
 Printed Name

05/23/2018  
 Date Signed  
Vice President  
 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:**

- 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 <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 OR EXISTING
				NAME	ON MDEQ 303(D) LIST? <sup>3</sup>	HAS TMDL? <sup>3</sup>	Yes		No	New		
001	33.725882 <sup>+</sup>	-90.034634 <sup>+</sup>	Municipal	Yalobusha River (via overland flows)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Various - see Attachment A	X		Various - see Attachment A	NA
002	33.725347	-90.033559 <sup>+</sup>	Municipal	Yalobusha River (via overland flows)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Various - see Attachment A	X		Various - see Attachment A	NA
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](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 Brooks 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)





DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., 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:

### **COLUMBIA GULF TRANSMISSION LLC**

Registered the 4th day of August, 2014

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:

CORPORATION SERVICE COMPANY  
5760 I-55 North, Suite 150  
Jackson, MS 39211

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 24th day of May, 2018

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN18052430

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