



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 @ 584

(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: 0
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: Cale LeBlanc, Director, Environmental New Projects

OWNER EMAIL ADDRESS: Cale.LeBlanc@bwpipelines.com

OWNER COMPANY NAME: Texas Gas Transmission, LLC

OWNER STREET (P.O. BOX): 9 Greenway Plaza, Suite 2800

OWNER CITY: Houston STATE: TX ZIP: 77046

OWNER PHONE # (INCLUDE AREA CODE): (225) 282-0389

ML - received via email 4.22.21

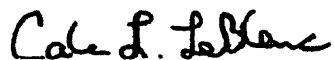
OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Cale LeBlanc, Director, Environmental New Projects
OPERATOR EMAIL: Cale.LeBlanc@bwpipelines.com
OPERATOR COMPANY: Texas Gas Transmission, LLC
OPERATOR STREET (P.O. BOX): 9 Greenway Plaza, Suite 2800
OPERATOR CITY: Houston STATE: TX ZIP: 77046
OPERATOR PHONE # (INCLUDE AREA CODE): (225) 282-0389

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: PN 12122 MLS 36-1 and PN 12123 MLS 30-1
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: Friars Point Road CITY: _____
COUNTY: Coahoma ZIP: _____
Facility site tribal land ID (NA if not applicable) NA
TYPE OF TREATMENT (IF PROVIDED): None
SIC Code 4922, 4923 NAICS Code 21120, 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.



Signature¹ (Must be signed by operator when different than owner)

Cale LeBlanc

Printed Name

4/22/21

Date Signed

Director, Environmental New Projects

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 (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		New	Used			
					Yes	No	Yes						No
001	34 15' 53.73"	-90 34' 21.09"	Mackie Lake	Mackie Lake	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.75		X	4/22/2021	New
002	34 8' 54.96"	-90 38' 4.70"	Private Well	Sevier Lake	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.75		X	4/22/2021	New
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 or contact Annette Brocks 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



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

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: <u>Texas Gas Transmission, LLC</u>		
CONTACT PERSON: <u>Cale LeBlanc</u>	CONTACT'S PHONE NUMBER: <u>(601)</u>	
PROJECT NAME: <u>PN 12122 MLS 36-1 and PN 12123 MLS 30-1</u>	OUTFALL NUMBER(S): <u>001, 002</u>	
DIRECTIONS TO OUTFALL: <u>From Friars Point Road in Clarksdale, MS: Proceed north to the provided coordinates.</u>		
DISCHARGE START DATE: <u>4/22/2021</u> DISCHARGE START TIME: <u>7:00 AM</u> DISCHARGE DURATION (hours): <u>72 hours</u>		

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.

Cale L. LeBlanc
Authorized Signature¹
Cale LeBlanc
Printed Name

4/22/2021
Date
Director, Environmental New Projects
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.

Request for Termination (RFT) of Coverage



HYDROSTATIC TEST GENERAL PERMIT

Coverage No. MSG13 _____ County Rankin _____
(Fill in your Certificate of Coverage Number and County)

INSTRUCTIONS

The coverage recipient must terminate coverage when hydrostatic test water will no longer be discharged in accordance with the provisions of ACT11, S-1 of the General Permit. Failure to submit this form is a violation of permit conditions.

All outstanding Discharge Monitoring Report (DMR) Forms must be completed and submitted before coverage can be terminated.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the project manager or environmental consultant).

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: PN 12122 MLS 36-1 and PN 12123 MLS 30-1
PHYSICAL SITE STREET ADDRESS (if not available, indicate nearest named road): Friars Point Road
CITY: _____ COUNTY: Coahoma _____ ZIP: _____

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT COMPANY NAME: Texas Gas Transmission, LLC
STREET ADDRESS / P.O. BOX: 9 Greenway Plaza, Suite 2800
CITY: _____ COUNTY: Texas _____ ZIP: 77046
COVERAGE RECIPIENT CONTACT NAME: Cale LeBlanc
CONTACT POSITION/TITLE: Director, Environmental New Projects PHONE: (225) _____

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 imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with construction activity under this general permit. Discharging pollutants associated with construction activity to waters of the State without proper permit coverage is a violation of state law. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Cale LeBlanc
Authorized Name (Print)

(225)282-0389
Telephone

Cale L. LeBlanc
Signature

4/22/21
Date Signed

¹This form shall be signed according to the General Permit, ACT12, T-7 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, mayor, or ranking elected official.

After signing please mail to:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225



9 Greenway Plaza,
Suite 2800
Houston, Texas 770146
(270) 926-8686

April 22, 2021

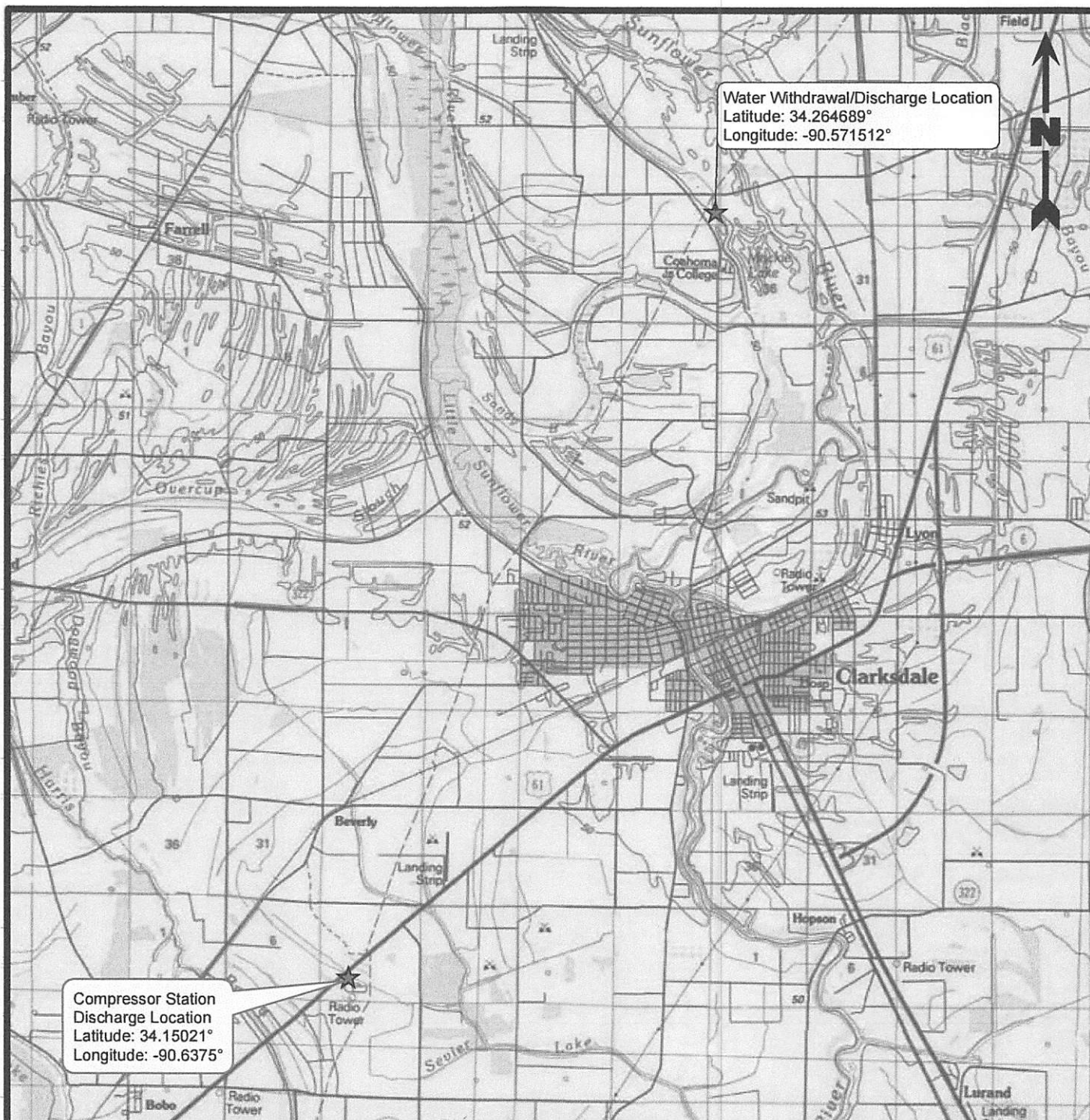
Chief, Environmental Permits Division
Mississippi Department of Environmental Quality
Office of Pollution Control
515 East Amite Street
Jackson, MS 39225

Re: Revised Hydrostatic Test Notice of Intent
Texas Gas Transmission, LLC
PN 12122 MLS 36-1 and PN 12123 MLS 30-1
Coahoma County, Mississippi
Providence Project No. 196-519

To Whom It May Concern:

Texas Gas Transmission, LLC (Texas Gas) is submitting this revised Hydrostatic Test Notice of Intent

FIGURE 1
SITE LOCATION MAP



1.5 0.75 0 1.5
Miles

Reference

Base map comprised of United States Geological Survey (USGS) 7.5-minute topographic map, "Coahoma, MS".

Site Location Map

Water Withdrawal Application
Coahoma County, Mississippi

Texas Gas Transmission, LLC

PN 12122 MLS 36-1 and PN 12123 MLS 30-1



PROVIDENCE

Drawn By	TDJ	4/13/2021
Checked By	TS	4/13/2021
Approved By	RPC	4/13/2021

Project Number
196-519

Drawing Number
196-519-A003

1

Figure

ATTACHMENT A

HYDROSTATIC TEST NOTICE OF INTENT



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