



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Al: 80308
RECEIVED
OCT 8 2021
MDEQ

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT GENERAL PERMIT MSG13 0592

(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: 4.8
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: Ronda Louderman, VP EHS&R

OWNER EMAIL ADDRESS: rlouderman@blackbearllc.com

OWNER COMPANY NAME: Black Bear Transmission, LLC

OWNER STREET (P.O. BOX): 1501 McKinney St. Suite 800

OWNER CITY: Houston STATE: TX ZIP: 77010

OWNER PHONE # (INCLUDE AREA CODE): 361-960-5671

02

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Ronda Louderman, VP EHS&R

OPERATOR EMAIL: rlouderman@blackbearllc.com

OPERATOR COMPANY: Black Bear Transmission, LLC

OPERATOR STREET (P.O. BOX): 1501 McKinney St. Suite 800

OPERATOR CITY: Houston STATE: TX ZIP: 77010

OPERATOR PHONE # (INCLUDE AREA CODE): 361-960-5671

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Kimberly Clark Relocation Project

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: Kimberly Clark Rd CITY: Corinth

COUNTY: Alcorn ZIP: 38834

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

TYPE OF TREATMENT (IF PROVIDED): _____

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.

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

Ronda Louderman
 Printed Name

10/05/21
 Date Signed

VP EHS&R
 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

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 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	34/57/5.17	88/26/52.07	Community Water	Sevenmile Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.017	x		10/18/2021	new
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 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



Area Map

Site Name

Kimberly Clark Relocation Project

Company Name

Black Bear Transmission, LLC



Revision

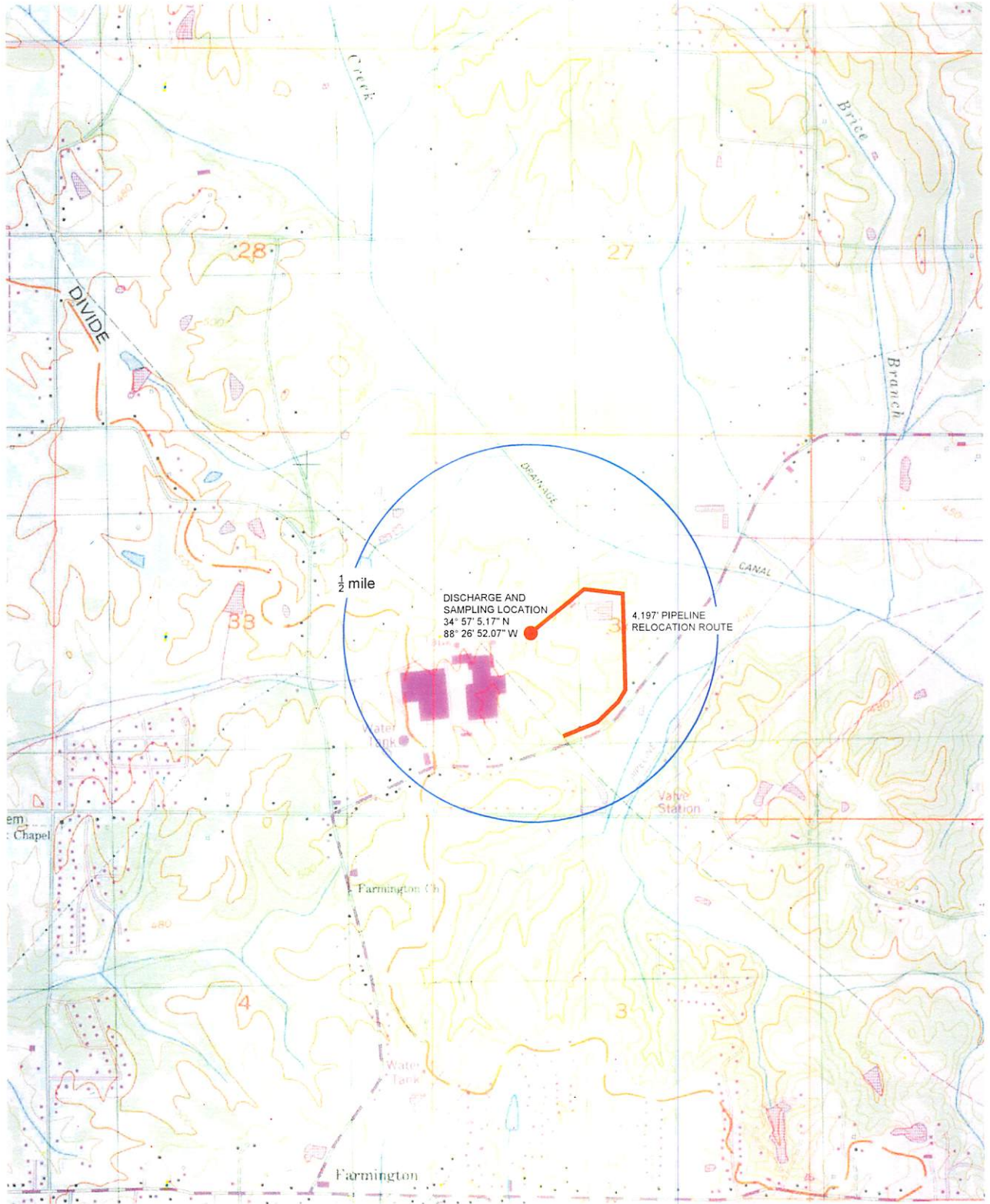
1

Date

9/2021

Location

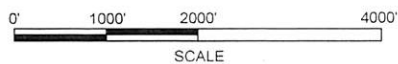
Alcorn County, Mississippi



DISCHARGE AND SAMPLING LOCATION
 34° 57' 5.17" N
 88° 26' 52.07" W

4.197' PIPELINE RELOCATION ROUTE

1/2 mile



SCALE

USGS 7.5 Min TOPO Base Maps
 Kendrick, MS
 extracted from:
 Store.US.Gov/MapLocator

DATE	REVISIONS/NOTES
9/22/2021	

Black Bear Kimberly Clark
 Pipeline Project

F0108
Fee: \$ 250



Michael Watson
SECRETARY OF STATE

2021228159

Business ID: 1236916
Filed: 04/15/2021 09:18 AM
Michael Watson
Secretary of State

2021 LLC Annual Report

Business Information

Business ID: 1236916

Business Name: Black Bear Transmission LLC

State of Incorporation: DE

Business Email: CLS-
CTARMSEvidence@wolterskluwer.com

Phone: (***)***-****

FEIN: **-*****

Principal Address: 1501 Mckinney St, Ste 800
Houston, TX 77010

Registered Agent

Name: C. T. CORPORATION SYSTEM

Address: 645 LAKELAND EAST DRIVE STE 101
FLOWOOD, MS 39232

Managers and Members

Members

Name:	Address:
Black Bear Transmission Holdco LLC Member	1501 Mckinney St, Ste 800 Houston, TX 77010

Officers

Title/Name:	Address:	Director:
President:		<input type="checkbox"/>
Vice President:		<input type="checkbox"/>
Secretary:		<input type="checkbox"/>
Treasurer:		<input type="checkbox"/>

This LLC has a written Operating Agreement.
PO BOX 136
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

NAICS Code/Nature of Business

486210 - Pipeline Transportation of Natural Gas

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **04/15/2021**.

Name:

Adam Steimel
Power Of Attorney

Address:

120 South Central Avenue Suite 400
Clayton, MO 63105

Officers List

Name:

Black Bear Transmission Holdco LLC
Member

Address:

1501 Mckinney St, Ste 800
Houston, TX 77010

F0200
Fee: \$ 250



Michael Watson
SECRETARY OF STATE

2020321619

Business ID: 1236916
Filed: 09/16/2020 04:36 PM
Michael Watson
Secretary of State

Application to Register Foreign Limited Liability Company

Business Information

Business Type: Limited Liability Company
Business Name: Black Bear Transmission LLC
Business Email: rcasadaban@blackbearllc.com
State of Incorporation: DE
Date Organized: 06/20/2019

NAICS Code/Nature of Business

486210 - Pipeline Transportation of Natural Gas

Principal Office Address: 60 E. 42nd St., Ste. 2825
New York, NY 10165

Registered Agent

Name: C. T. CORPORATION SYSTEM
Address: 645 LAKELAND EAST DRIVE STE 101
FLOWOOD, MS 39232

Signature

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **09/16/2020**.

Name:
Rene Casadaban
President

Address:
60 E. 42nd St., Ste. 2825
New York, NY 10165

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLACK BEAR TRANSMISSION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7477263 8300

SR# 20207309656

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed.

Authentication: 203669744

Date: 09-16-20

Wolcott & Associates ECS, LLC

October 6, 2021

**CERTIFIED MAIL – 70201290000232813516
RETURN RECEIPT REQUESTED**

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

RE: Hydrostatic Test Notice of Intent (HTNOI)
Black Bear Transmission, LLC
Kimberly Clark Relocation Project

Dear MS DEQ,

On behalf of Black Bear Transmission, LLC please accept this Notice of Intent and applicable attachments for the above referenced project.

If you have any questions or need additional information concerning this submittal, please contact me at (409) 679-5624.

Very Truly Yours,



Stan Seale
Senior Associate
Wolcott & Associates ECS, LLC

Enclosure: As stated

CC: Black Bear Transmission LLC, Houston, Texas

RECEIVED
OCT 08 2021
Dept. of Environmental Quality