

Al. 84179



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
JUN 12 2023

MDEQ

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0 4 2 4

(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: Appx. 1.0 acre

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: Kristi Unzicker, Director, ESG

OWNER EMAIL ADDRESS: kristi.unzicker@genlp.com

OWNER COMPANY NAME: Genesis Pipeline USA, L.P.

OWNER STREET (P.O. BOX): 811 Louisiana St., Suite 1200

OWNER CITY: Houston STATE: TX ZIP: 77002

OWNER PHONE # (INCLUDE AREA CODE): 713-860-2606

O.C

Alt. 84179



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

RECEIVED
JUN 12 2023

MDEQ

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0 0 2 4

(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: Appx. 1.0 acre
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: Kristi Unzicker, Director, ESG

OWNER EMAIL ADDRESS: kristi.unzicker@genlp.com

OWNER COMPANY NAME: Genesis Pipeline USA, L.P.

OWNER STREET (P.O. BOX): 811 Louisiana St., Suite 1200

OWNER CITY: Houston STATE: TX ZIP: 77002

OWNER PHONE # (INCLUDE AREA CODE): 713-860-2606

O.C


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: Gwinville to Mallaleiu Proposed Pearl River HDD
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: N A Sandifer Hwy. CITY: Monticello
COUNTY: Lawrence ZIP: 39654
Facility site tribal land ID (NA if not applicable) NA
TYPE OF TREATMENT (IF PROVIDED): NA
SIC Code 4 6 1 2 NAICS Code 4 8 6 1 1 0

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)
Kristi Unzicker
Printed Name

06/07/2023
Date Signed
Director, ESG
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.

OUTALL NO.	LATITUDE ¹ (deg/min/sec)	LONGITUDE ¹ (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM ²				EST. TOTAL DISCHARGE (MGAL)	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	31°37'24.38"N	90° 5'32.03"W	potable water	Pearl River	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4,100 gal	x		06/10/2023	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"/>					

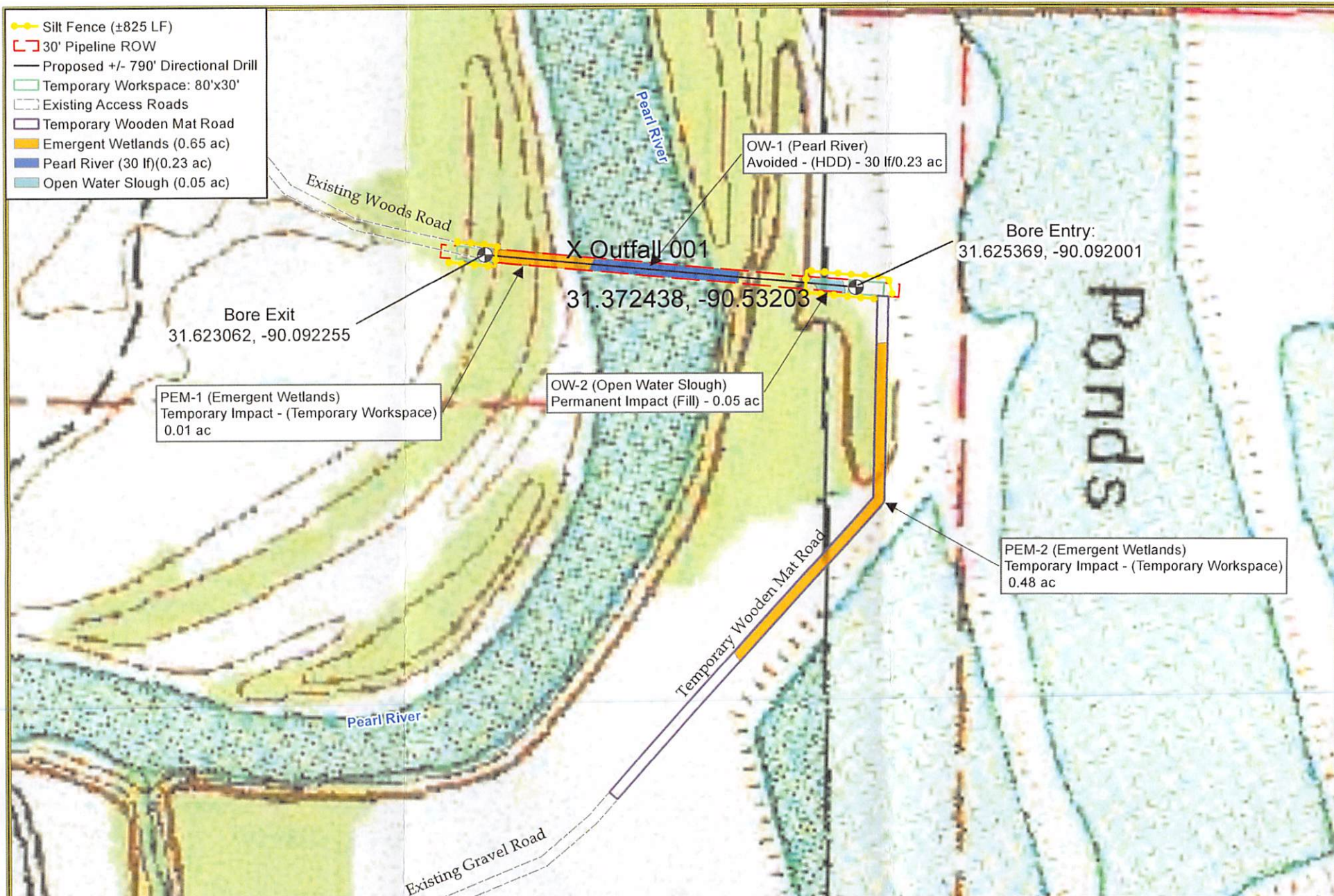
Revised: 03/15/17

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.

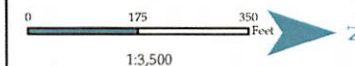
³ MDEQ's 303(d) List of Impaired Water Bodies and approved TMDLs can be found at: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section



Date Created: 11/2/2022

Created by: JDL

GENESIS ENERGY
GWINVILLE TO MALLALIEU - SEG. 3006
PROPOSED PEARL RIVER - DIRECTION DRILL
Sec. 33 & 35 - T 8N - R 11E
Lawrence County, Mississippi
Erosion Control Plan



NAD 1983 StatePlane Mississippi West FIPS 2302 Feet

USGS MONTICELLO (M5) Quad Basemap



Michael Watson

SECRETARY OF STATE

This is not an official certificate of good standing.

Name History

Name

GENESIS CRUDE OIL, L.P.

Name Type

Legal

Business Information

Business Type:	Limited Partnership
Business ID:	634957
Status:	Good Standing
Effective Date:	10/10/1996
State of Incorporation:	DE
Principal Office Address:	1209 ORANGE ST WILMINGTON, DE 19801

Registered Agent

Name

C T CORPORATION SYSTEM
645 LAKELAND EAST DR STE 101
FLOWOOD, MS 39232

RECEIVED
JUN 12 2023
Dept. of Environmental Quality



June 7, 2023

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

RE: HTNOI for Gwinville to Mallaleiu Proposed Pearl River HDD

To Whom It May Concern:

Enclosed please find the Hydrostatic Test Notice of Intent (HTNOI).

If you have any questions or if you need any additional information; please contact me at 713-203-5308 or email me at Denisse.Muniz@genlp.com.

Sincerely,

Denisse Muniz
Environmental Specialist