

AI: 87511

MSG130649



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Rec'd via email:10/09/2024

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT

GENERAL PERMIT MSG13 0649

(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: _____

OWNER EMAIL ADDRESS: _____

OWNER COMPANY NAME: _____

OWNER STREET (P.O. BOX): _____

OWNER CITY: _____ STATE: _____ ZIP: _____

OWNER PHONE # (INCLUDE AREA CODE): _____

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: _____

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: _____ CITY: _____

COUNTY: _____ ZIP: _____

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

TYPE OF TREATMENT (IF PROVIDED): _____

SIC Code _ _ _ _ _ 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.

Mina B. Orsney

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

Date Signed

Printed Name

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													
002													
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

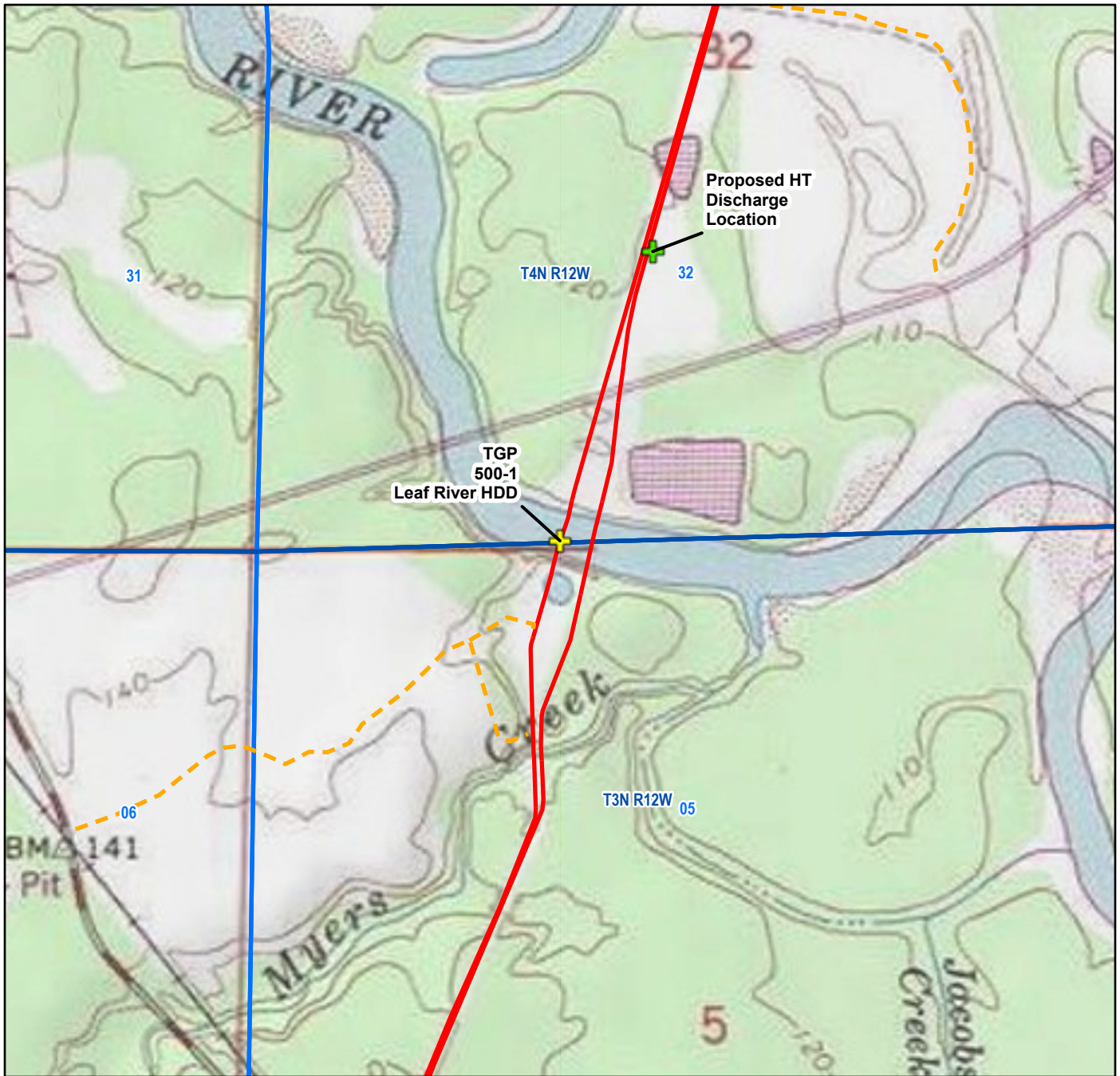
Revised: 03/15/17

NOTE: To Comply with EPA's NPDES e-Reporting rule, MDEQ has implemented the use of 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

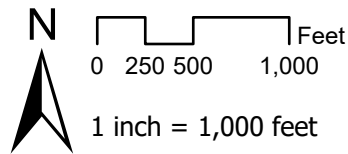
¹ List the latitude and longitude of its location to the nearest 15 seconds.

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



Service Layer Credits: World Street Map: City Of Hattiesburg, CONANP, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, USDA, USFWS; USA_Topo_Maps: Copyright:© 2013 National Geographic Society, i-cubed



Notes:

1. Project is located within the USGS 7.5-Minute Quadrangle: Carterville

LEGEND

- Dig Location
- Proposed HT Discharge Location
- Tennessee Gas Pipeline
- Access Route (Field Surveyed)
- Township, Range
- Section

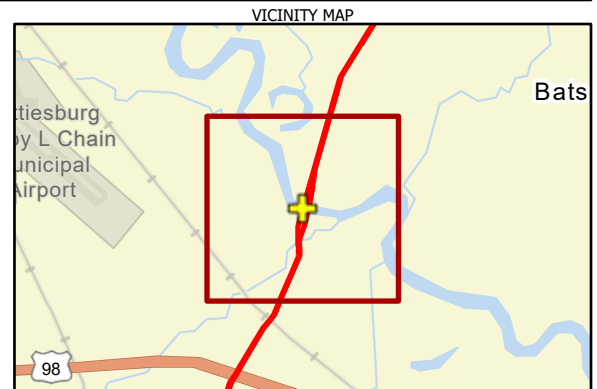


Figure 1
Project Location USGS Topographic Map
 TGP 500-1
 Leaf River HDD
 Forrest County, Mississippi



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, 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:

TENNESSEE GAS PIPELINE COMPANY, L.L.C.

Registered the 13th day of October, 2011

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:

Capitol Corporate Services, Inc.
248 E Capitol St., Ste 840
Jackson, MS 39201

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 31st day of January, 2024

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN24181366

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

MAJOR MODIFICATION FORM FOR HYDROSTATIC TEST GENERAL PERMIT MSG13



INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to include additional outfall(s) or to change the location of existing outfall(s), to utilize new or different water treatment additives, or to expand the acreage or "footprint" of an existing project. This form must be submitted when any of the following activities is/are being proposed (check all that apply).

- Applicant requests additional discharge outfall(s) and/or relocation of existing outfall(s). Amend and submit Outfall Information Form included in with the previous HTNOI or last Major Modification Form, using the next available outfall number.
- Applicant requests to utilize new or different water treatment chemicals from what was proposed in the original HTNOI.
- Applicant requests to utilize as source water a different water of the State than what was originally proposed and approved by the Office of Land and Water (attach new approval).
- Applicant requests "footprint" identified in the original HTNOI to be enlarged (if modification impacts wetlands, attach Corps of Engineers' Section 404 documentation).

A modified SWPPP and updated USGS topographic map must be attached if an enlargement of the original footprint or rerouting of the original project is proposed. Additions or relocations of existing outfalls must also be located on the topographic map. This form must be signed by the current coverage recipient under Mississippi's Hydrostatic Test General Permit. A different operator must have general permit coverage transferred prior to coverage being modified. Coverage recipients are authorized to implement the proposed modifications, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

PROJECT INFORMATION

HYDROSTATIC TEST GENERAL PERMIT COVERAGE NUMBER:	MSG13 _____
PROJECT NAME: _____	
CITY: _____	COUNTY: _____
ADDITIONAL ACREAGE TO BE DISTURBED: _____	TOTAL DISTURBED ACREAGE: _____

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: _____		
COMPANY NAME: _____		
STREET OR P.O. BOX: _____		
CITY: _____	STATE: _____	ZIP: _____
PHONE # (INCLUDE AREA 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 fine and imprisonment for knowing violations.

Mina B. Orsley _____ Date _____
Signature (must be signed by coverage recipient)

Printed Name Title

Please submit this form to: Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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

NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER

INSTRUCTIONS

In accordance with ACT10, R-3 of the Hydrostatic Test General Permit, notification shall be submitted to MDEQ regarding the start date/time and anticipated duration of the surface discharge of hydrostatic test water from the subject project.

COVERAGE RECIPIENT INFORMATION

COMPANY NAME: _____
CONTACT PERSON: _____ CONTACT'S PHONE NUMBER: (_____) _____
PROJECT NAME: _____ OUTFALL NUMBER(S): _____
DIRECTIONS TO OUTFALL: _____
DISCHARGE START DATE: _____ DISCHARGE START TIME: _____ DISCHARGE DURATION (hours): _____

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.

Yena B. Orsney
Authorized Signature^1

Date

Printed Name

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.