

April 22, 2024

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

Re: Hydrostatic Notice of Intent Texas Gas Transmission, LLC PN 14567 DeSoto County, Tennessee

To Whom it May Concern:

Texas Gas Transmission, LLC is submitting this Hydrostatic Notice of Intent (HTNOI) requesting authorization for a discharge of hydrostatic test water from their 26-inch diameter pipeline in DeSoto County, Mississippi. The volume of water for the hydrostatic test will be approximately 35,800 gallons from a municipal source and discharged onto their existing right-of-way (Outfall 001). The water will be discharged at a rate of approximately 5 gallons-per-minute into a haybale structure.

Please find attached a site location map showing the discharge location (**Figure 1**) and the HTNOI general permit forms and supporting information (**Attachment A**). the Mississippi Secretary of State Certificate of Good Standing is included as **Attachment B**.

Texas Gas appreciates your time and assistance with this important project. If you have any questions, please contact either Kelsey Gocke at (713) 479-8080 or kelsey.gocke@bwpipelines.com, or John Bellone at (225) 924-2002 or jbellone@semsinc.net.

Sincerely,

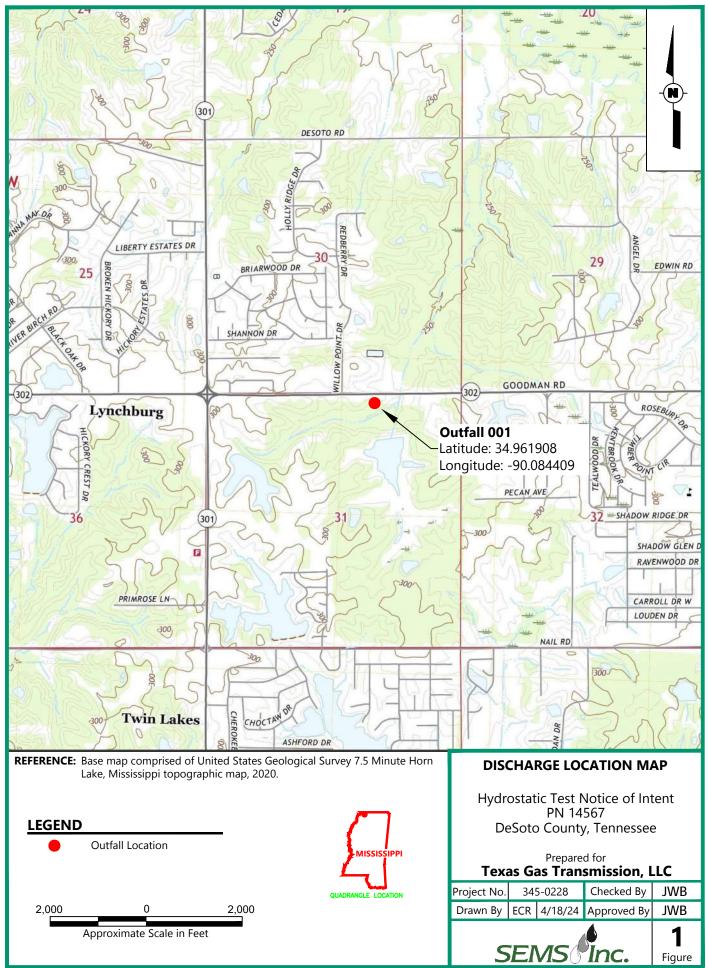
Cole LeBLonc

Cale LeBlanc *Director, Environmental* Texas Gas Transmission, LLC

- Enclosures: Notice of Intent Topographic Quadrangle Map
- cc: Kelsey Gocke Texas Gas Transmission, LLC John Bellone, P.E. – SEMS, Inc.

FIGURE 1

SITE LOCATION MAP



S:\Boardwalk - 345\345-0228 Hydrostatic Testing Permitting and Water Sampling\CAD\01 Regional

ATTACHMENT A

HYDROSTATIC TEST NOTICE OF INTENT

AI: 86325
MSG130642



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST **GENERAL PERMIT** GENERAL PERMIT MSG13 MSG130642

(Number to be assigned by MDEO)

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 MDEO, 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)
	OWN	VER 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):

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:
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.

Cale LeBLanc

<u>Lale XebXanc</u> 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. ٠
- 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. ٠

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.

				NEAREST RECEIVING STREAM ²					US OF				
OUTALL NO.	LATITUDE ¹ (deg/min/sec)	LONGITUDE ¹ (deg/min/sec)	SOURCE OF FILL WATER	NAME	ON N 303 LIS Yes	IDEQ 6(D) T? ³ No	H/ TMD Yes	AS DL? ³ No	EST. TOTAL DISCHARGE (MIL GAL)	PIPE FLOV	NK, LINE, VLINE [C. Used	EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING
001	(deg/iiiii/sec)	(deg/iiiii/sec)	FILL WATER		162	NO	162	NO		New	USEU	(mm/dd/yr)	EXISTING
001													
002													
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													1.00/15/17

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 <u>http://bit.ly/2gao6sW</u>. For additional information about NetDMR, please send an email to <u>netdmrhelp@mdeq.ms.gov</u> 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

ATTACHMENT B

MISSISSIPPI SECRETARY OF STATE CERTIFICATE OF GOOD STANDING

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This is not an official certificate of good standing.

Name History		
Name		Name Type
TEXAS GAS TRANSMISSION, LLC		Legal
Business Information		
Business Type:	Limited Liability Company	
Business ID:	733779	
Status:	Good Standing	
Effective Date:	05/16/2003	
State of Incorporation:	DE	
Principal Office Address:	9 GREENWAY PLAZA SUITE 2800 HOUSTON, TX 77046	
Registered Agent		
Name		
CORPORATION SERVICE COMPANY 109 Executive Drive, Suite 3 Madison, MS 39110		
Officers & Directors		
Name	Title	
James D Jones 9 GREENWAY PLAZA STE. 2800 HOUSTON, TX 77046	Manager	
H DEAN JONES II 3800 FREDERICA ST OWENSBORO, KY 42304		
3800 FREDERICA ST	President	