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**Fax** 251.342.0040

July 16, 2024

Environmental Permits Division  
Mississippi Department of Environmental Quality (MDEQ)  
P.O. Box 2261  
Jackson, Mississippi 39225

**RE: Hydrostatic Test Notice of Intent  
Southern Natural Gas Company, LLC  
Franklinton-Gwinville Pressure Test  
New Hebron, Mississippi 39140**

Dear Sir or Madam:

On behalf of Southern Natural Gas Company, LLC (SNG), Allen Engineering and Science, Inc. (AllenES) is pleased to submit the Hydrostatic Test General Permit (HTGP) Notice of Intent for the proposed pressure test (PT).

SNG intends to withdraw approximately 1.9 million gallons from the permitted wells at the Gwinville Compressor Station, located at 1064 Sonat Road, New Hebron, Mississippi, and store it in frac tanks or a lake tank near the station until the time for the PT. Once the test is complete, SNG will test the water to ensure compliance with the HTGP and dewater into a suitable erosion control structure in an upland area. SNG has coordinated with Chris Hawkins of the MDEQ to obtain the withdrawal approval from the permitted wells. Should this route be considered impractical, SNG will utilize municipal water to complete the PT. The enclosed forms include the NOI with a site location map (**Figure 1**).

We appreciate the cooperation extended by the MDEQ regarding matters concerning the proposed activity. If there is any further information required for this application to be processed, then please don't hesitate to contact me at (205) 310-8345 or by email at [tbeard@allenes.com](mailto:tbeard@allenes.com).

Sincerely,  
Allen Engineering and Science, Inc.

A handwritten signature in blue ink, appearing to read 'Travis Beard', is written over a light blue horizontal line.

Travis Beard  
Senior Scientist

Enclosure

AI: 11582

MSG130647



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Rec'd via email:  
07/16/2024

# HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

## FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT

GENERAL PERMIT MSG13 **0647** \_\_\_\_\_

(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. Orsey*

Signature<sup>1</sup> (Must be signed by operator when different than owner)

Date Signed

Printed Name

Title

<sup>1</sup>This 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 <sup>1</sup> (deg/min/sec)	LONGITUDE <sup>1</sup> (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM <sup>2</sup>				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? <sup>3</sup>		HAS TMDL? <sup>3</sup>		New	Used			
					Yes	No	Yes						No
001													
002													
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

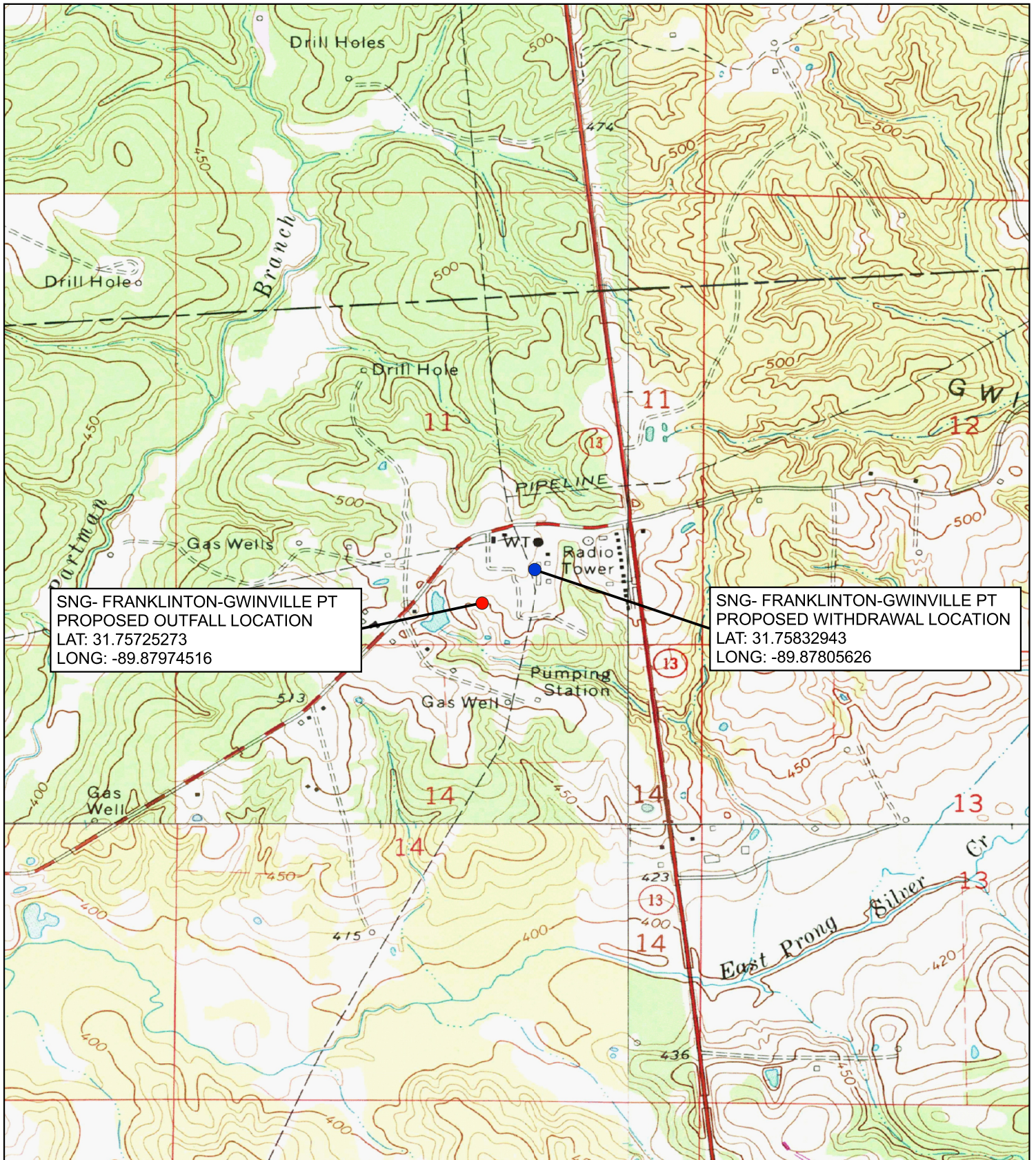
Revised: 03/15/17

**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](mailto:netdmrhelp@mdeq.ms.gov) or contact Annette Brocks at 601-961-5252

<sup>1</sup> List the latitude and longitude of its location to the nearest 15 seconds.

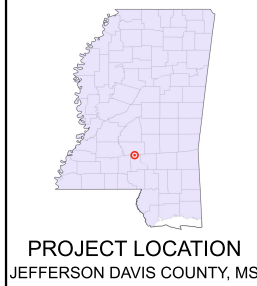
<sup>2</sup> Name of the nearest named receiving stream as listed on a USGS Quad Map.

<sup>3</sup> 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](http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section)



SNG- FRANKLINTON-GWINVILLE PT  
 PROPOSED OUTFALL LOCATION  
 LAT: 31.75725273  
 LONG: -89.87974516

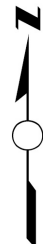
SNG- FRANKLINTON-GWINVILLE PT  
 PROPOSED WITHDRAWAL LOCATION  
 LAT: 31.75832943  
 LONG: -89.87805626



**LEGEND**

- PROPOSED OUTFALL LOCATION
- PROPOSED WITHDRAWAL LOCATION

SOURCE: USGS TOPOGRAPHIC MAPS



SOUTHERN NATURAL GAS CO., LLC  
 FRANKLINTON-GWINVILLE PRESSURE TEST

Scale: 1" = 1000'	DRAWN BY: OB	DATE: 07/03/24
	CHKD BY: TB	DATE: 07/03/24
PROJECT NO. 24176	CAD FILE: 24176 FIG01 SLM 070324	

SITE LOCATION MAP FIGURE 1