the applicant the owner or op	erator? (circle one or both)	
	OWNER INFORMATION	OCT I 2009
OWNER CONTACT NAME & POSITIO	E Steve Law, Senior Environmental Specialist	DEQ-EPD
OWNER COMPANY NAME: Texas Gas T	ransmission, LLC	•
OWNER STREET (P.O. BOX): P.O. Box 2	0008	
	CTATE KY	ZIP: 42304-0008
OWNER CITY: Owensboro	SIATE: NI	

## **OPERATOR INFORMATION**

**OPERATOR CONTACT NAME & POSITION:** Texas Gas Transmission, LLC

OPERATOR COMPANY: Texas Gas Transmission, LLC

OPERATOR STREET (P.O. BOX): P.O. Box 20008

OPERATOR CITY: Owensboro

OPERATOR PHONE # (INCLUDE AREA CODE): 270-688-6954

## FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Helena 12-Inch OPP - Pin 50371

SIC Code: 4923

IF IT IS AN EXISTING PIPELINE, STORAGE TANK AND FLOWLINE, PLEASE IDENTIFY THE RAW MATERIAL OR PRODUCT CONTAINED IN THE VESSEL PRIOR TO THE TEST? Natural Gas

ACREAGE DISTURBED: <u>< 5 Acres - Total</u>. THIS IS APPLICABLE IF LAND DISTURBING ACTIVITES ARE TO TAKE PLACE. A CONSTRUCTION STORM WATER POLLUTION PREVENTION PLAN MUST BE ATTACHED IF DISTURBING FIVE ACRES OR MORE (SEE PART IV. A. OF THE HYDROSTATIC TEST GENERAL PERMIT).

PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD - FOR LINEAR PROJECTS INDICATE BEGINNING OF PROJECT):

STREET: 3305 U.S. Hwy. 61 South

ZIP: 38614

CITY: Clarksdale

STATE: KY ZIP: 42304-0008

COUNTY: Coahoma

NEAREST NAMED RECEIVING STREAM (TO BEGINNING OF CONSTRUCTION PROJECT):

Sevier Lake

TYPE OF TREATMENT (IF PROVIDED): N/A

## **OUTFALL INFORMATION**

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds, what method of location determination (GPS, interpolation – map, etc.), source (fill water), the name of the nearest named receiving water, the average flow contributed, and identify whether the hydrostatic test will be conducted on used or new pipe or vessels (attach additional sheets if necessary). All outfalls must be outlined and labeled on a USGS quadrangle map. Please number test sites/outfalls sequentially (001, 002, etc.)

OUTFALL	LATITUDE	LONGITUDE	METHOD OF LAT/LON DETERMINITATION	SOURCE WATER	RECEIVING STREAM	EST. TOTAL FLOW	USED PIPELINE, TANK, FLOWLINE, ETCYES/NO	EST. TEST DATE(S)
001	34°08'56.22''N	90°38'0.10''W	Interpolation	Municipal	Unnamed Tributery to Sevier Lake	1,127g	New Pipeline	11/15/200 9 ₽
					1 August			

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## CERTIFICATION

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.

Signature' (Must be signed by operator when different than owner)

David Goodwin

**Printed Name** 

4/29/2009 Date Signed

Vice President Compliance and **Operations Services** Title

<sup>1</sup>This application shall be signed according to the General Permit, Part V.J., as follows:

- For a corporation, by a responsible corporate officer. -
- For a partnership, by a general partner. -
- For a sole proprietorsh ip, 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 39225-2261

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01/08/02