

Al. 993



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT GENERAL PERMIT MSG13 0590

(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: NA
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: Melissa Dettling, Environmental Specialist

OWNER EMAIL ADDRESS: melissa_dettling@tcenergy.com

OWNER COMPANY NAME: ANR Pipeline Company

OWNER STREET (P.O. BOX): 700 Louisiana St. Suite 700

OWNER CITY: Houston STATE: TX ZIP: 77002-2700

OWNER PHONE # (INCLUDE AREA CODE): (832) 226-8916

m2 - received via email 5.14.21

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Ronald Morgan, Area Manager

OPERATOR EMAIL: ronald_morgan@tcenergy.com

OPERATOR COMPANY: ANR Pipeline Company

OPERATOR STREET (P.O. BOX): 1336 South Raceway Road

OPERATOR CITY: Greenville STATE: MS ZIP: 38704

OPERATOR PHONE # (INCLUDE AREA CODE): 662-822-8025

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Greenville Compressor Station Project

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: 1336 South Raceway Rd. CITY: Greenville

COUNTY: Washington ZIP: 38704

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

TYPE OF TREATMENT (IF PROVIDED): NA

SIC Code 4923 NAICS Code 486210

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.

Ronald Morgan
 Signature¹ (Must be signed by operator when different than owner)
Ronald Morgan
 Printed Name

05/13/2021
 Date Signed
Area Manager
 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:

- 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.

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 OR EXISTING	
				NAME	ON MDEQ 303(D) LIST ³	HAS TMDL ³	Yes		No	New			Used
001	33/22/22	91/0/10	Municipal	Widow Creek	Yes	No	Yes	No	Yes	No	X	06/30/2021	
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/2ga06sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Amette Brooks 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



Outfall 001
 Lat: 33.3728445
 Long: -91.0027294



- Outfall Location
- ▭ Greenville Compressor Station
- ▭ County Boundary



Topographic Map
Greenville Compressor Station Project
 ANR Pipeline Company
 Washington County, Mississippi

Page 1 of 1
 WGS84 ft

Scale: 1:30,000
 Date: April 2021



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 laws of Mississippi, to be filed in my office, do hereby certify:

That on the 17th day of March, 1980, the State of Mississippi issued a Charter/ Certificate of Authority to:

ANR PIPELINE COMPANY

That the state of incorporation is Delaware.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said ANR PIPELINE COMPANY is in good standing at this time.

Given under my hand and seal of office
the 21st day of April, 2021

Michael Watson

Certificate Number: CN21108867

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



13100 Northwest Freeway
Suite 150
Houston, TX 77040

May 14, 2021

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

Re: Hydrostatic Test Notice of Intent
ANR Pipeline Company
Greenville Compressor Station Project
Washington County, Mississippi

To whom it may concern:

ANR Pipeline Company (ANR) submits the enclosed Hydrostatic Test Notice of Intent (HTNOI) for the Greenville Compressor Station Project (Project). The proposed Project involves the installation of gas cooling equipment, station and yard piping, and other appurtenant auxiliary facilities at ANR's existing Greenville Compressor Station in Washington County, Mississippi. ANR proposes to conduct hydrostatic tests of the new pipe using municipally-sourced water. Discharge of the hydrostatic test water will occur at one outfall location, which is identified in the enclosed HTNOI.

At this time, ANR respectfully requests your review of the enclosed information. Please contact either Virginia Steen at (713) 360-0626 or vsteen@perennialenv.com, or Melissa Dettling at (832) 226-8916 or melissa_dettling@tcenergy.com, or should you have any questions.

Sincerely,

Virginia Steen
Environmental Project Manager

Enclosures: Hydrostatic Test Notice of Intent
Certificate of Good Standing

cc: Melissa Dettling – ANR Pipeline Company