AI 91481 MSG130691 Rec via email 09/15/26 BS

ALLEN
ENGINEERING
AND SCIENCE

1100 C Dauphin Street
Mobile, AL 36604
www.AllenES.com

Phone 251.342.0700
Fax 251.342.0040

September 11, 2026

Tracy Tomkins, P.E., BCEE
Chief, Water I Branch
Environmental Permits Division
Mississippi Department of Environmental Quality

Re: Hydrostatic Test General Permit Notice of Intent
Southern Natural Gas Company, L.L.C.
SNG 36212 South Main 2nd Loop Line Make Piggable
Smith County, Mississippi

Dear Ms. Tomkins:

Allen Engineering and Science, Inc (AllenES) is assisting Southern Natural Gas Company, L.L.C. (SNG) with a proposed hydrostatic test project in Smith County, Mississippi. Please find attached the Notice of Intent (NOI) requesting coverage under MDEQ's Hydrostatic Test General Permit (HTGP) for the proposed project. Additional project details are provided below.

Hydrostatic test-water discharge will be managed through the following outfall:

Outfall 001 - 31°55'15.33"N, 89°29'46.90"W

- Municipal water source, approximately 14,000 gallons.
- Land application within the Fisher Creek drainage area on or about 9/28/26.
- Fisher Creek is not identified on Mississippi's Section 303(d) list and does not have an established TMDL.

Consistent with the HTGP, the test water will be land-applied within a stable, well-vegetated upland area through appropriately designed energy-dissipation and filtration controls. These controls will include a splash plate, sediment-filter bags, properly entrenched straw bales, silt fence, or equivalent approved filter media, as appropriate. Dewatering structures will be located at least 50 feet from adjacent surface waters and wetlands. Discharge rates will be controlled to promote infiltration and prevent erosion, sediment transport, concentrated runoff, or the conveyance of hydrostatic test water to the nearest waterbodies.

On behalf of SNG, AllenES respectfully requests authorization for the proposed hydrostatic testing activities under MDEQ's HTGP. Please advise if any additional information or submittals are required to complete MDEQ's review and facilitate authorization. Should you have any questions or wish to discuss the request, please contact me directly at 205-310-8345. Thank you for your timely consideration of this matter.

Sincerely,
Allen Engineering and Science, Inc.

Travis Beard
Senior Scientist

Attachments

APPENDIX A

NOI PACKAGE

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

AI 91481 MSG130691 Rec via email 09/15/26 BS

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT
GENERAL PERMIT MSG130691

(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: N/A
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): _____

AI 91481 MSG130691 Rec via email 09/15/26 BS

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: James Soileau, Compliance Specialist SR II

OPERATOR EMAIL: james_soileau@kindermorgan.com

OPERATOR COMPANY: Southern Natural Gas Company, L.L.C.

OPERATOR STREET (P.O. BOX): 1001 Louisiana Street

OPERATOR CITY: Houston **STATE:** TX **ZIP:** 77002

OPERATOR PHONE # (INCLUDE AREA CODE): 713-420-6287

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: SNG 36212 South Main 2nd Loop Line Make Piggable

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: County Road 85 **CITY:** Taylorsville

COUNTY: Smith **ZIP:** 39168

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

TYPE OF TREATMENT (IF PROVIDED): None

SIC Code 4922 **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.

_____ 15-Sept-2026

Signature[1] (Must be signed by operator when different than owner) **Date Signed**

Brian Laine Director, EHS - Project Permitting

Printed Name **Title**

[1]**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

Revised: 03-15-17

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.**

OUTALL 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	31°55'15.33"N	89°29'46.90"W	Municipal	Fisher Creek		✔		✔	0.014	X		9-28-26	
002													
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

Revised: 03/15/17

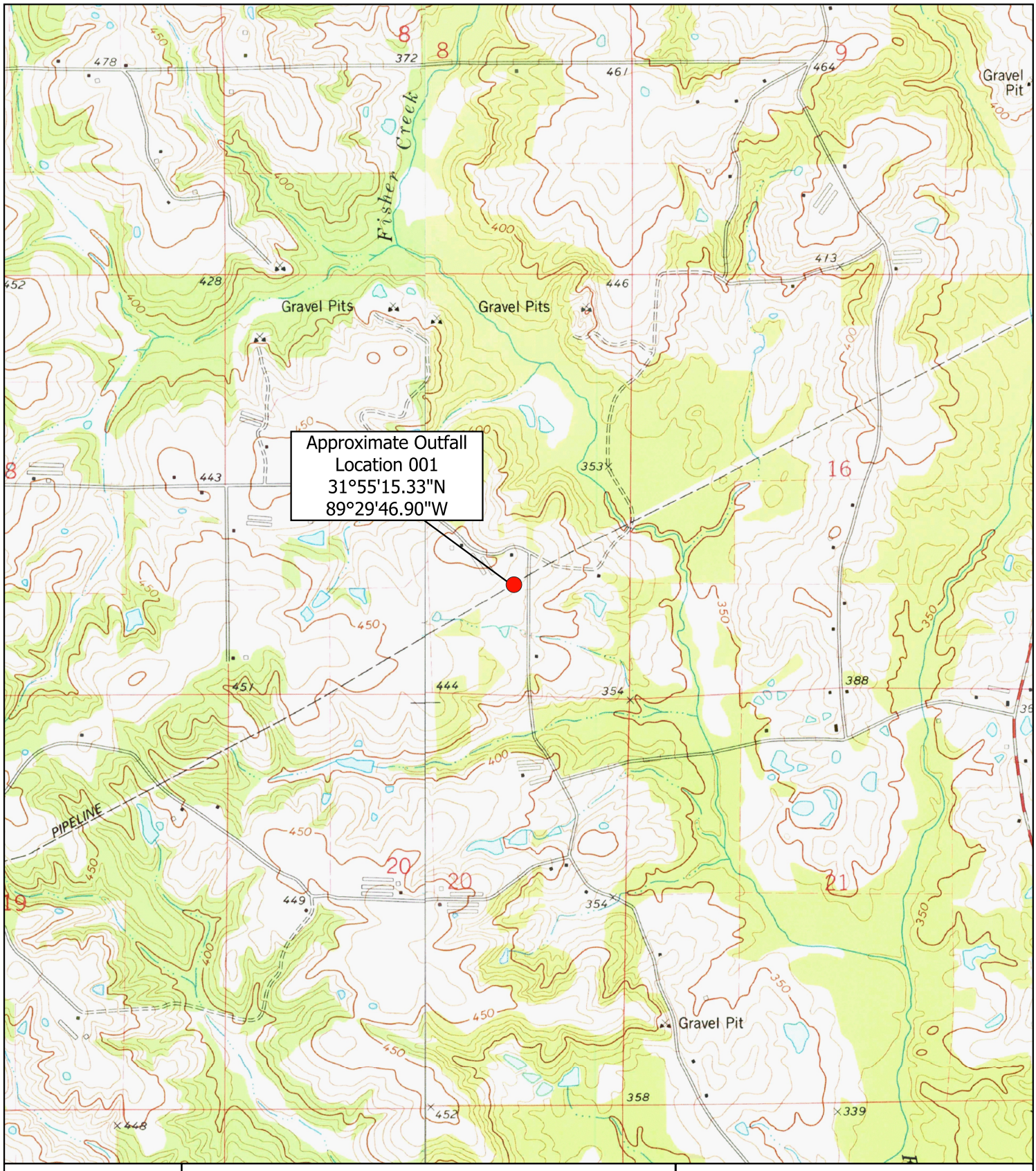
NOTE: To Comply with EPA's NPDES e-Reporting rule, MDEQ has implemented the use of U.S.EPA's NetDMR for the submittal of DMRs. Permittees required to submit DMRs must submit DMRs electronically using NetDMR. A training video and additional info can be found at http://bit.ly/2gao6sW. For additional information 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

AI 91481 MSG130691 Rec via email 09/15/26 BS



PROJECT LOCATION
31.920925, -89.496361

LEGEND

Approximate Outfall Location

USGS Topographic Maps

SOUTHERN NATURAL GAS COMPANY, LLC.
SNG 36212 SOUTH MAIN 2nd LOOP LINE MAKE PIGGABLE
SMITH COUNTY, MISSISSIPPI

ALLEN ENGINEERING AND SCIENCE

Scale: 1" = 2000'	DRAWN BY: TB	DATE: 09/11/26
	CHKD BY: OB	DATE: 09/11/26
PROJECT NO. 26269	CAD FILE: 26269 FIG01 D OLM 091126	

OUTFALL LOCATION MAP

FIGURE 1

APPENDIX B

SECRETARY OF STATE CERTIFICATE OF GOOD STANDING

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:

SOUTHERN NATURAL GAS COMPANY, L.L.C.

Registered the 4th day of August, 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:

C T CORPORATION SYSTEM
8927 Lorraine Rd. Suite 204-A
Gulfport , MS 39503

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 20th day of March, 2026

Michael Watson

Certificate Number: CN26236022
Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx