



Tennessee Gas Pipeline
Company, L.L.C.
a Kinder Morgan company

October 3, 2022

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

RE: Hydrostatic Test Notice of Intent
Tennessee Gas Pipeline Company, L.L.C.
TGP 15052 Pressure Test on 100-1 (MOC 43471)
Washington County, Mississippi

To Whom it May Concern:

Tennessee Gas Pipeline Company, L.L.C. (TGP) submits the enclosed Hydrostatic Test Notice of Intent (HTNOI) for the proposed TGP 15052 Pressure Test on 100-1 (MOC 43471) Project (Project). The Project consists of hydrostatic pressure testing approximately 3,100 feet of natural gas pipeline along the existing TGP 100-1 system. Upon completion of the proposed hydrotest, water may be stored in certified clean frac tanks prior to discharge through a hay bale structure (hay bales, silt fencing, and filter fabric).

The following are provided in support of this application:

- **Attachment 1** – MDEQ HTNOI
- **Attachment 2** – Project Figures

TGP appreciates your time and assistance with this important project. If you have any questions, please contact me at (713) 420-7822 or Marc_Hess@kindermorgan.com

Sincerely,

Marc Hess
Specialist – Permitting Compliance

Enclosure

Attachment 1
MDEQ HTNOI



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 _____

(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: Gina Dorsey; Director, EHS-Project Permitting

OWNER EMAIL ADDRESS: Gina_Dorsey@kindermorgan.com

OWNER COMPANY NAME: Tennessee Gas Pipeline Company, L.L.C.

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

OWNER CITY: Houston STATE: TX ZIP: 77002

OWNER PHONE # (INCLUDE AREA CODE): 713-369-8975

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: _____

OPERATOR EMAIL: _____

OPERATOR COMPANY: _____

OPERATOR STREET (P.O. BOX): _____

OPERATOR CITY: _____ STATE: _____ ZIP: 77002

OPERATOR PHONE # (INCLUDE AREA CODE): _____

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: MOC43471 TGP-15052: Pressure Test on 100-1

PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☐ NEW ☒ USED

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: Natural Gas

PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):

STREET: Spraggins Rd and Hwy 82 CITY: Greenville

COUNTY: Washington ZIP: 38701

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

TYPE OF TREATMENT (IF PROVIDED): _____

SIC Code 4922 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.

Gina B. Dorsey

Signature¹ (Must be signed by operator when different than owner)

9/28/2022

Date Signed

Gina Dorsey

Printed Name

Director, EHS-Project Permitting

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

Revised: 03-15-17

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.

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		
001	33°17'55.82"N	91° 8'5.35"W	Municipal	Ditch No. 8A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		X	11/13/22	New
002					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
003					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
004					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
005					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
006					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
007					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
008					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
009					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
010					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
011					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
012					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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/2ga0sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette 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

Attachment 2

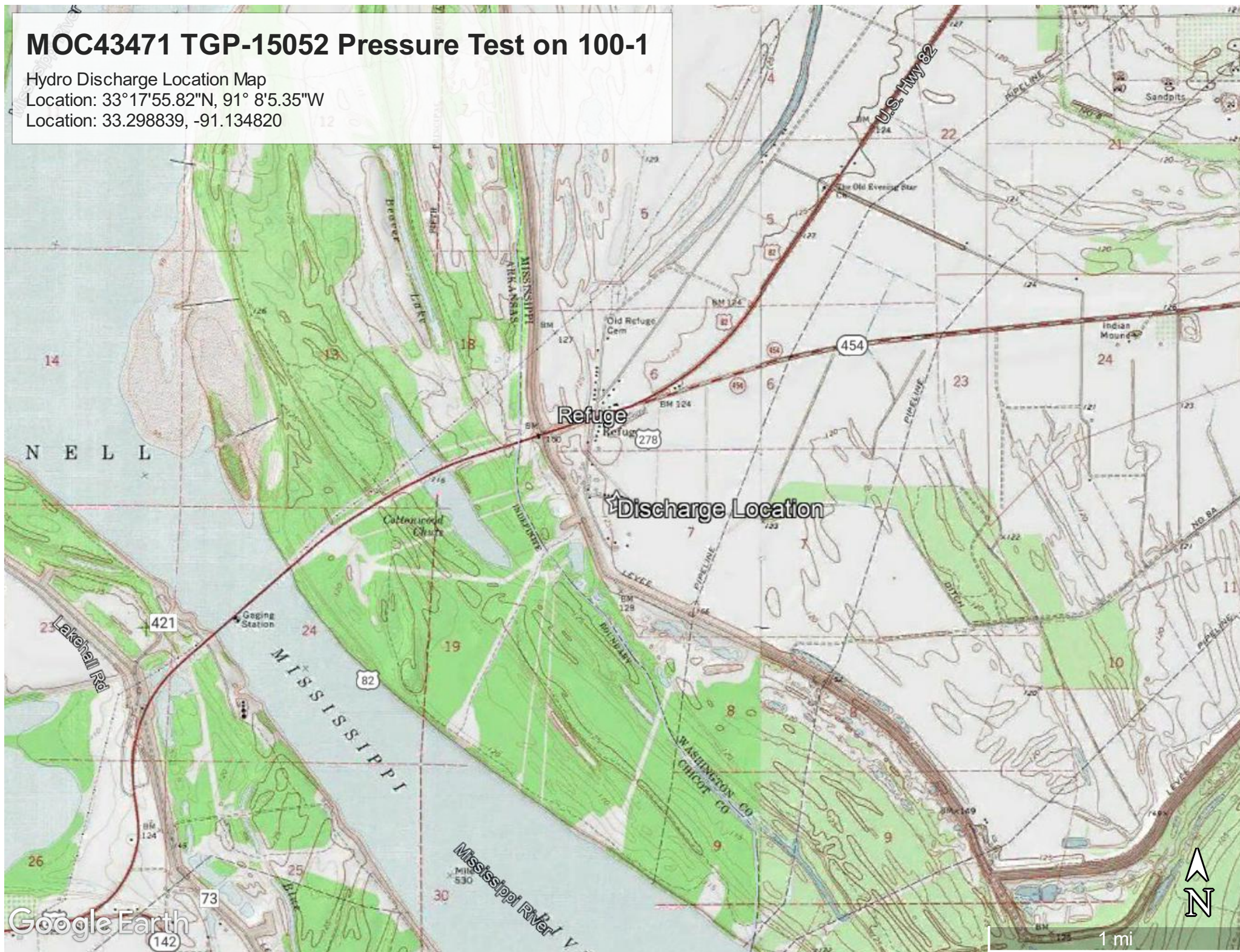
Project Figures

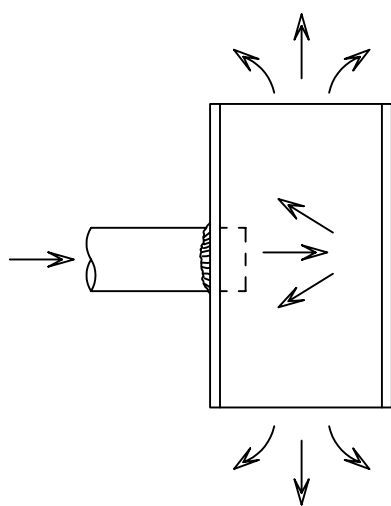
MOC43471 TGP-15052 Pressure Test on 100-1

Hydro Discharge Location Map

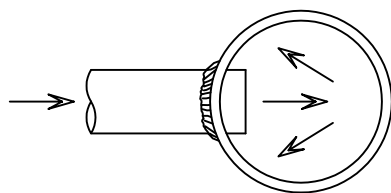
Location: 33°17'55.82"N, 91° 8'5.35"W

Location: 33.298839, -91.134820



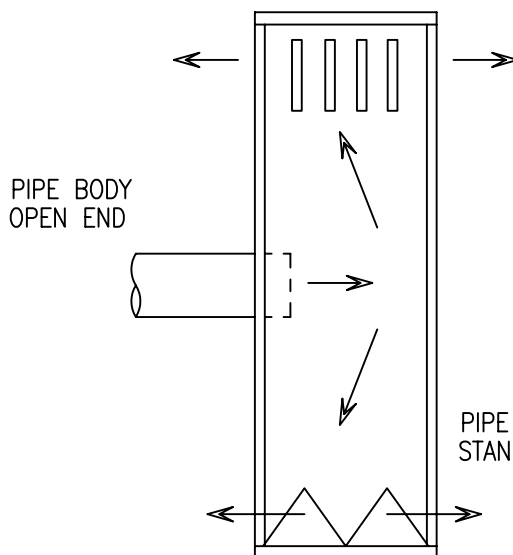


PLAN

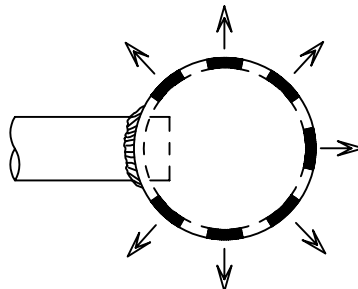


PROFILE

BASIC SPLASH PUP

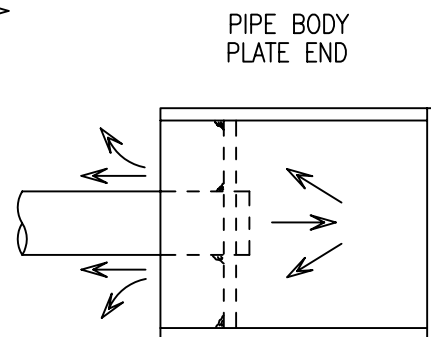


PLAN

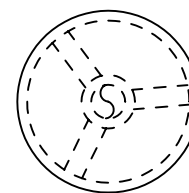


PROFILE

BASIC SPLASH PLATE



PLAN



END VIEW

PLATE COMBINATION

NOTES:

1. AN ENERGY DISSIPATER SHALL BE UTILIZED WHENEVER WATER DISCHARGE VELOCITIES MAY CAUSE EROSION.
2. THE DESIGN AND EFFECTIVENESS OF THE ENERGY DISSIPATER IS THE RESPONSIBILITY OF THE CONSTRUCTION CONTRACTOR.
3. ENERGY DISSIPATERS ARE UTILIZED IN CONJUNCTION WITH A DEWATERING STRUCTURE.
SEE CST-P-1000-A165.
4. GEOTEX FABRIC OR EQUIV. SHALL BE PLACED UNDERNEATH AND AROUND DISAPATOR DEVICE TO MIN. EROSION.

DRAWING DEPICTED IS SUPERSEDED BY WRITTEN STANDARD, SCOPE OF WORK OR LINE LIST.

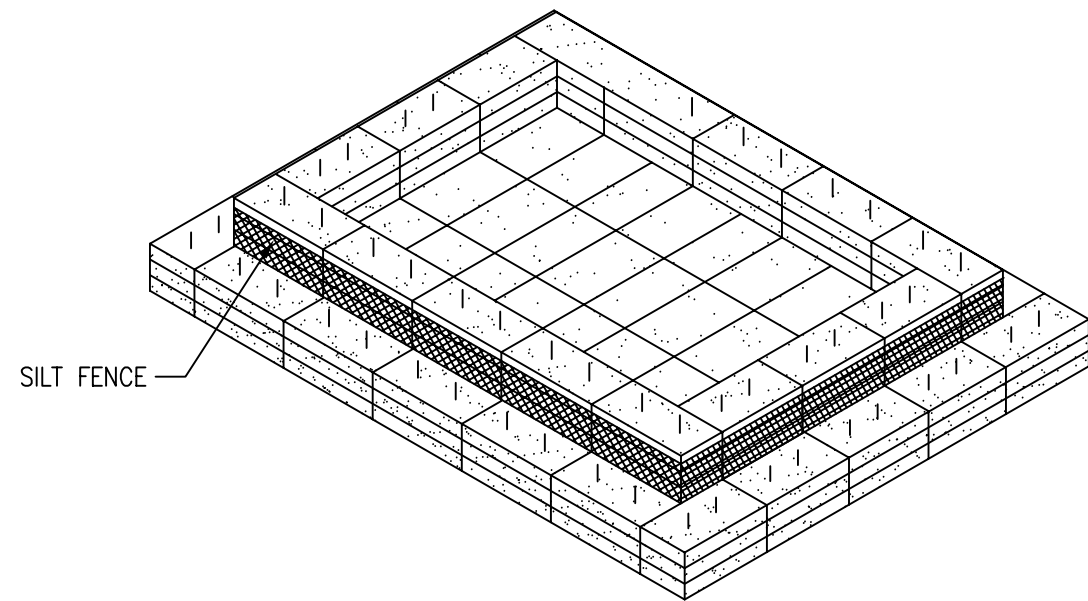
REVISIONS

NO.	DATE	DESCRIPTION	BY	CHKD	APPR
1	02/27/04	ISSUED FOR REVIEW	RB	CM	
2	07/13/04	REVISED PER CLIENT COMMENT	RB	CM	
3	07/01/05	ENG REWRITE RELEASE	WS		

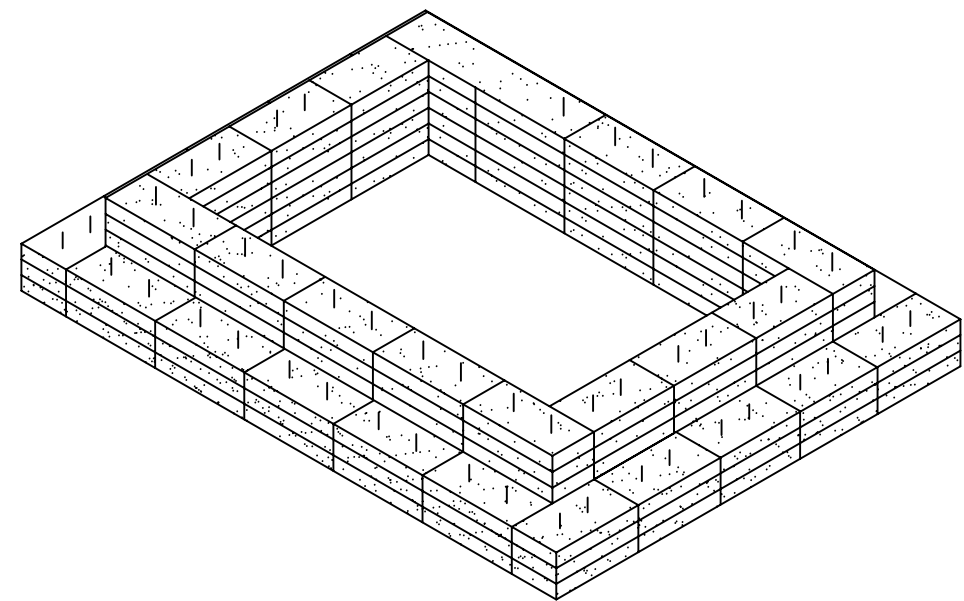
KINDER MORGAN
INC

TYPICAL SPLASH PUP FOR
TEST WATER DISCHARGE

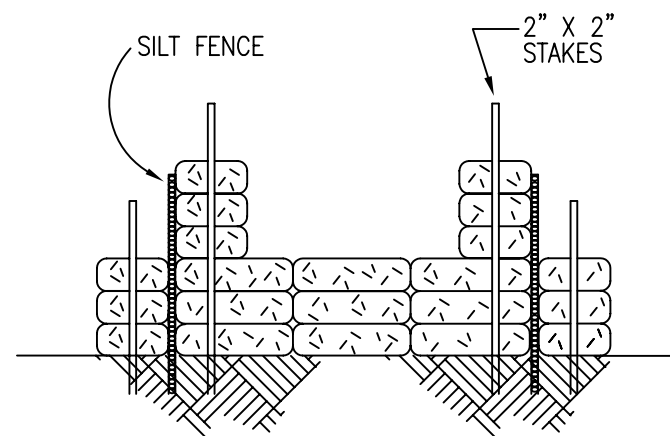
DATE: 07/01/05	APPROVED BY:
SCALE: N.T.S.	CST-P-1000-A160 SH. 1 OF 1



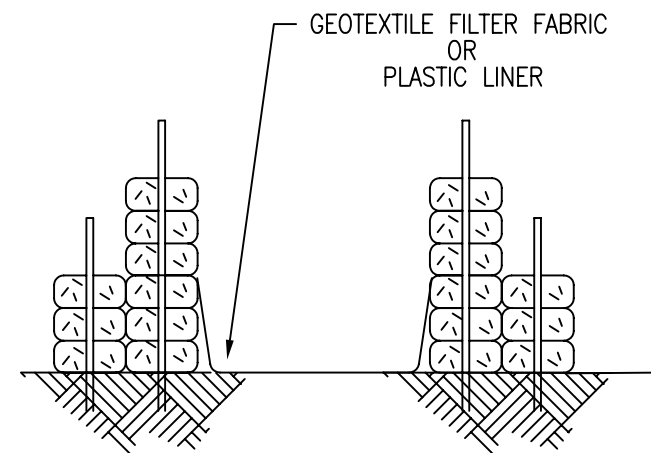
PERSPECTIVE VIEW



PERSPECTIVE VIEW



OPTION 1



OPTION 2

NOTES:

1. INSTALL A STRAW BALE DEWATERING STRUCTURE WHEREVER IT IS NECESSARY AND AS DIRECTED BY THE COMPANY'S INSPECTOR TO PREVENT THE FLOW OF HEAVILY SILT LADEN WATER INTO WATER BODIES OR WETLANDS.
2. DISCHARGE SITE SHALL BE WELL VEGETATED AND THE TOPOGRAPHY OF THE SITE SUCH THAT WATER WILL FLOW AWAY FROM ANY WORK AREAS. THE AREA DOWN SLOPE FROM THE DEWATERING SITE MUST BE REASONABLY PLANE OR STABILIZED BY VEGETATION OR OTHER MEANS TO ALLOW THE FILTERED WATER TO CONTINUE AS SHEET FLOW.
3. IN AREAS OF HIGHLY ERODIBLE SOILS, LINE ENTIRE STRUCTURE WITH GEOTEXTILE FILTER FABRIC, PLASTIC SHEETING, OR STRAW.
4. THE DIMENSIONS OF THE STRUCTURE SHALL BE DETERMINED IN THE FIELD BASED UPON SITE CONDITIONS.
5. DISCHARGE RATES SHALL BE SUCH THAT WATER WILL NOT OVERFLOW THE TOP OF THE STRUCTURE.
6. INSTALL A SPLASH PUP IF THE DISCHARGE VELOCITY IS EXCESSIVE. (CST-P-1000-A160)

DRAWING DEPICTED IS SUPERSEDED BY WRITTEN STANDARD, SCOPE OF WORK OR LINE LIST.

NO.	DATE	DESCRIPTION	BY	CHKD.	APPR.
1	02/26/04	ISSUED FOR REVIEW	RB	CM	
2	07/13/04	REVISED PER CLIENT COMMENT	RB	CM	
3	07/01/05	ENG REWRITE RELEASE	WS		

KINDER MORGAN
INC.

TYPICAL STRAW BALE DEWATERING
STRUCTURE LARGE VOLUME

DRAWN	RB	CHK. DR.	CM	SCALE	N.T.S.	DATE	07/01/05
PROJECT ENGR.		PROJECT MGR.		FILE NO.			
-		-		CST-P-1000-B170			