

AI: 85248

MSG130651



Rec'd via email:  
10/23/2024

# HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

## FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

### GENERAL PERMIT

GENERAL PERMIT MSG13 **MSG130651**

(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: Frank Redd

OWNER EMAIL ADDRESS: Frank.Redd@atmosenergy.com

OWNER COMPANY NAME: ATMOS Energy

OWNER STREET (P.O. BOX): 2305 Lakeland Drive

OWNER CITY: Flowood STATE: MS ZIP: 39232

OWNER PHONE # (INCLUDE AREA CODE): 601-592-5313

O.C

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Chase Taylor- Superintendent

OPERATOR EMAIL: Ctaylor@taylorconstruction.net

OPERATOR COMPANY: Taylor Construction Company Inc.

OPERATOR STREET (P.O. BOX): 28 Taylor's Cir

OPERATOR CITY: Laurel STATE: MS ZIP: 39443

OPERATOR PHONE # (INCLUDE AREA CODE): 601-426-2987/ 601-319-8832 cell

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Atmos Columbus Lateral

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: S Frontage Rd CITY: Columbus

COUNTY: Lowndes ZIP: 39701

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

TYPE OF TREATMENT (IF PROVIDED): \_\_\_\_\_

SIC Code 1623 NAICS Code 237120

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.

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

10/18/24  
 Date Signed  
 President  
 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:**

- 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 <sup>1</sup> (deg/min/sec)	LONGITUDE <sup>1</sup> (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM <sup>2</sup>		ON MDEQ 303(D) LIST? <sup>3</sup>		HAS TMDL? <sup>3</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		Yes	No	Yes	No		New	Used		
001	33/29/09.11N	88/37/27.93 W	Prairie land	Catalpa Creek		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	923160	*		11/25/24	N
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)

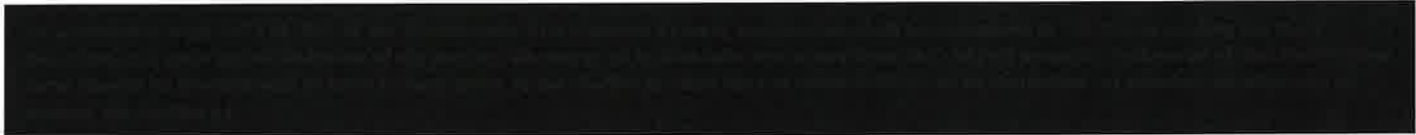


MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

**HYDROSTATIC TEST GENERAL PERMIT**  
**COVERAGE NUMBER (MSG13 \_\_\_\_\_) COUNTY: \_\_\_\_\_**

**NOTIFICATION OF SURFACE DISCHARGE OF HYDROSTATIC TEST WATER**

**INSTRUCTIONS**



**COVERAGE RECIPIENT INFORMATION**

COMPANY NAME: <u>Taylor Construction Company Inc.</u>		
CONTACT PERSON: <u>Chase Taylor</u>	CONTACT'S PHONE NUMBER: <u>(601) 319-8832</u>	
PROJECT NAME: <u>Atmos Columbus Lateral</u>	OUTFALL NUMBER(S): _____	
DIRECTIONS TO OUTFALL: _____		
_____		
_____		
DISCHARGE START DATE: _____ DISCHARGE START TIME: _____ DISCHARGE DURATION (hours): _____		

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.

\_\_\_\_\_  
**Authorized Signature<sup>1</sup>**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

**Submit this form to:**

**Chief, Environmental Compliance and Enforcement Division  
MDEQ, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225**

Revised: 3-15-17

<sup>1</sup> This form shall be submitted with an original signature by an authorized individual in accordance with ACT 12, T-7 or T-8 of the General Permit.

# MAJOR MODIFICATION FORM FOR HYDROSTATIC TEST GENERAL PERMIT MSG13



## INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to include additional outfall(s) or to change the location of existing outfall(s), to utilize new or different water treatment additives, or to expand the acreage or "footprint" of an existing project. This form must be submitted when any of the following activities is/are being proposed (check all that apply).

- Applicant requests additional discharge outfall(s) and/or relocation of existing outfall(s). Amend and submit Outfall Information Form included in with the previous HTNOI or last Major Modification Form, using the next available outfall number.
- Applicant requests to utilize new or different water treatment chemicals from what was proposed in the original HTNOI.
- Applicant requests to utilize as source water a different water of the State than what was originally proposed and approved by the Office of Land and Water (attach new approval).
- Applicant requests "footprint" identified in the original HTNOI to be enlarged (if modification impacts wetlands, attach Corps of Engineers' Section 404 documentation).

A modified SWPPP and updated USGS topographic map must be attached if an enlargement of the original footprint or rerouting of the original project is proposed. Additions or relocations of existing outfalls must also be located on the topographic map. This form must be signed by the current coverage recipient under Mississippi's Hydrostatic Test General Permit. A different operator must have general permit coverage transferred prior to coverage being modified. Coverage recipients are authorized to implement the proposed modifications, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

## PROJECT INFORMATION

HYDROSTATIC TEST GENERAL PERMIT COVERAGE NUMBER: \_\_\_\_\_

MSG13 319-8832 \_\_\_\_\_

PROJECT NAME: Atmos Columbus Lateral \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ADDITIONAL ACREAGE TO BE DISTURBED: \_\_\_\_\_ TOTAL DISTURBED ACREAGE: \_\_\_\_\_

## COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: \_\_\_\_\_

COMPANY NAME: Taylor Construction Company Inc. \_\_\_\_\_

STREET OR P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # (INCLUDE AREA 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 fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature (must be signed by coverage recipient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Please submit this form to:

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



# Request for Termination (RFT) of Coverage



## HYDROSTATIC TEST GENERAL PERMIT

Coverage No. MSG13 \_\_\_\_\_ County \_\_\_\_\_  
(Fill in your Certificate of Coverage Number and County)

### INSTRUCTIONS

The coverage recipient must terminate coverage when hydrostatic test water will no longer be discharged in accordance with the provisions of ACT11, S-1 of the General Permit. Failure to submit this form is a violation of permit conditions.

All outstanding Discharge Monitoring Report (DMR) Forms must be completed and submitted before coverage can be terminated.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the project manager or environmental consultant).

### FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: \_\_\_\_\_

PHYSICAL SITE STREET ADDRESS (if not available, indicate nearest named road): \_\_\_\_\_

CITY: Columbus COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

### COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT COMPANY NAME: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: 39443

COVERAGE RECIPIENT CONTACT NAME: \_\_\_\_\_

CONTACT POSITION/TITLE: \_\_\_\_\_ PHONE: ( ) 319-8832

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 imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with construction activity under this general permit. Discharging pollutants associated with construction activity to waters of the State without proper permit coverage is a violation of state law. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

\_\_\_\_\_  
Authorized Name (Print) Telephone Signature Date Signed

<sup>1</sup>This form shall be signed according to the General Permit, ACT12, T-7 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, mayor, or ranking elected official.

After signing please mail to: **Chief, Environmental Permits Division**  
**MS Department of Environmental Quality, Office of Pollution Control**  
**P.O. Box 2261**  
**Jackson, Mississippi 39225**

# Environmental Permits for Industrial Facilities

## Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).  
 For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).  
 Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<b>Item I.</b> Facility Name: _____ Location: (Do Not Use P.O. Box) Street: _____ City: _____ State: <u>MS</u> Zip: _____ County: _____ Telephone: (____) _____	<b>Item II.</b> Responsible official after transfer or name change: Name: _____ Title: _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone (____) _____								
<b>Item III.</b> Previous Permittee <sup>1</sup> : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: (____) _____	<b>Item IV.</b> New Permittee <sup>1</sup> : _____ Mailing Address: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Telephone: (____) _____								
<b>Item V.</b> Industrial Activity    SIC Code: _____ Brief Description: <b>1623</b>	<b>Item VI.</b> Will Facility Operations Change?    Yes _____ No _____ If yes, the appropriate applications and permits may require modification prior to change.								
<b>Item VII.</b> Will Facility Name Change?    Yes _____ No _____ If Yes, Provide New Name for Permit Coverage. New Name: _____	<b>Item VIII.</b> Signature for Name Change Print Name: _____ Authorized Signature <sup>2</sup> : _____ Title: _____ Date: _____								
<b>Item IX.</b> We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form. From: _____ To: _____ Acquisition Date: _____ <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">           _____            Print New Permittee<sup>1</sup> Name         </td> <td style="width: 50%; border: none;">           _____            Print Previous Permittee<sup>1</sup> Name         </td> </tr> <tr> <td style="border: none;">           _____            New Authorized Signature<sup>2</sup> </td> <td style="border: none;">           _____            Previous Authorized Signature<sup>2</sup> </td> </tr> <tr> <td style="border: none;">           _____            Title         </td> <td style="border: none;">           _____            Title         </td> </tr> <tr> <td style="border: none;">           _____            Date         </td> <td style="border: none;">           _____            Date         </td> </tr> </table>		_____ Print New Permittee <sup>1</sup> Name	_____ Print Previous Permittee <sup>1</sup> Name	_____ New Authorized Signature <sup>2</sup>	_____ Previous Authorized Signature <sup>2</sup>	_____ Title	_____ Title	_____ Date	_____ Date
_____ Print New Permittee <sup>1</sup> Name	_____ Print Previous Permittee <sup>1</sup> Name								
_____ New Authorized Signature <sup>2</sup>	_____ Previous Authorized Signature <sup>2</sup>								
_____ Title	_____ Title								
_____ Date	_____ Date								

<sup>1</sup>A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup>Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

**Mississippi Department of Environmental Quality/Office of Pollution Control**  
**P.O. Box 2261**  
**Jackson, Mississippi 39225**  
**(601) 961-5171**

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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**Item XII. Permit(s) and/or Coverage(s) to be Transferred**

<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>
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