AI #38120
GMR20090001

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT
GENERAL PERMIT MSG13 0258

(Number to be assigned by MDEQ)

INSTRUCTIONS

File at least 30 days prior to the commencement of the regulated activity.

Applicant must be the owner or operator. To avoid unnecessary delays, please be sure that the HTNOI is signed in accordance with the General Permit. The coverage recipient is responsible for permit compliance.

HTNOI forms must be submitted to: Chief, Environmental Permits Division, MS Department of Environmental Quality, Office of Pollution Control, P.O. Box 10385, Jackson, Mississippi 39289-0385.

ALL REQUESTED INFORMATION MUST BE PROVIDED (Answer "NA" if not applicable)

SUBMITTALS WITH HTNOI

A USGS quadrangle map or copy is a required submittal. The map shall extend at least one-half of a mile beyond the site's 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:

- **A construction Storm Water Pollution Plan (SWPPP) as outlined by the permit. This is only required if construction activity including clearing, grading, and excavation, results in the disturbance of five acres or more of land. Activity less than five acres is also included if part of a common plan of development or sale with a planned disturbance of 5 acres or more (see ACT1, T-2, page 1 of the General Permit for exempt construction activities).**
- **A list of water treatment chemicals, if added to the fill water. The applicant must provide the following information for each specific chemical: Material Safety Data Sheet (MSDS), composition of the additive, expected discharge concentrations, dosage addition rates, frequency of use, EPA registration (if applicable), and aquatic species toxicological data. There shall be no chemical additives containing any priority pollutants listed in 40 CFR 122, Appendix D, Tables II and III.**
- **Appropriate documentation from the U.S. Army Corps of Engineers, if a Section 404 Permit is required. For information call the Vicksburg District at 601/631-5289 or the Mobile District at 251/694-3776 (a part of northern Desoto County is in the Memphis District (901/544/0736)).**
- **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.**

Is the applicant the owner or operator? (circle one or both)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: David Goodwin, VP Compliance & Ops; Cale LeBlanc, Environmental Specialist

OWNER COMPANY NAME: Texas Gas Transmission, LLC

OWNER STREET (P.O. BOX): 3800 Frederica Street

OWNER CITY: Owensboro **STATE:** KY **ZIP:** 42301

OWNER PHONE # (INCLUDE AREA CODE): 270-926-8686

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Same as above

OPERATOR COMPANY: Same as above

OPERATOR STREET (P.O. BOX): Same as above

OPERATOR CITY: Same as above **STATE:** **ZIP:**

OPERATOR PHONE # (INCLUDE AREA CODE): Same as above

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Isola Compressor Station / Fayetteville Shale Compression Project

SIC Code: 4 9 2 2

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? New construction, no chemicals added.

ACREAGE DISTURBED: 81 **. THIS IS APPLICABLE IF REGULATED LAND DISTURBING ACTIVITIES ARE TO TAKE PLACE. A CONSTRUCTION STORM WATER POLLUTION PREVENTION PLAN MUST BE ATTACHED IF DISTURBING FIVE ACRES OR MORE.**

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

STREET: Beasley Bayou Road **CITY:** Isola

COUNTY: Humphreys **ZIP:** 38754

NEAREST NAMED RECEIVING STREAM(S):

Beasley Bayou

TYPE OF TREATMENT (IF PROVIDED): No chemicals added, new construction hydrostatic test water only.

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 total discharge, 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 DETERMINTATION	SOURCE WATER	RECEIVING STREAM	EST. TOTAL. DISCHARGE (MIL GAL)	USED PIPELINE, TANK, FLOWLINE, ETC. –(YES/NO)	EST. TEST DATE(S)
001	33d 15'30.45"n	90d 37' 9.02"w	USGS Quad Map	Municipal	UT of Beasley Bayou	135,000	No, new facility	08/30/09

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 fines and/or imprisonment for knowing violations.

Signature[1] (Must be signed by operator when different than owner)	**Date Signed** 5/18/2009
David Goodwin	VP Compliance and Ops Services
Printed Name	**Title**

[1]This application shall be signed according to 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 39225-2261

September 2006