

AD #12462

MSG130299

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

Gnp2010001

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: Monica Howard; Environmental Project Manager

OWNER COMPANY NAME: Florida Gas Transmission Company, LLC

OWNER STREET (P.O. BOX): 5444 Westheimer; WI 1072

OWNER CITY: Houston STATE: TX ZIP: 77056

OWNER PHONE # (INCLUDE AREA CODE): 713-989-7186

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: _____

OPERATOR COMPANY: _____

OPERATOR STREET (P.O. BOX): _____

OPERATOR CITY: _____ STATE: _____ ZIP: _____

OPERATOR PHONE # (INCLUDE AREA CODE): _____

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Compressor Station 10 Pig Launcher Installation

SIC Code: 4922

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 MATERIAL

ACREAGE DISTURBED: <1 acre. 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.

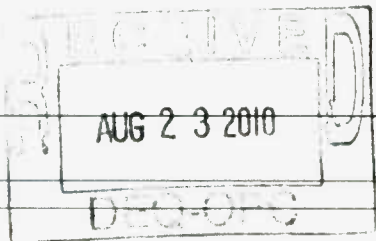
PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE THE NEAREST NAMED ROAD - FOR LINEAR PROJECTS INDICATE BEGINNING OF PROJECT):

STREET: 201 Florida Gas Road CITY: Wiggins,

COUNTY: Perry ZIP: 39577-9207

NEAREST NAMED RECEIVING STREAM(S):
Mill Creek; approximately 0.40 miles to the east

TYPE OF TREATMENT (IF PROVIDED): no treatment or additives



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.


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

5-20-10
Date Signed

Jeryl Mohn
Printed Name

Senior Vice President Operations
Title

¹This 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