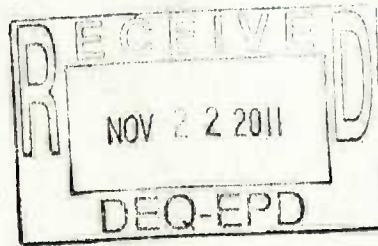


AI #36314
GMP20110001



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST

GENERAL PERMIT

GENERAL PERMIT MSG13 0346

(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 and storm water associated with land disturbing activities of one (1) acre or greater; or for land disturbing activities, which are part of a larger common plan of development or sale that are initially less than one (1) acre but will ultimately disturb one (1) or more acres. 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 or storm water from regulated construction activities without written notification of coverage is a violation of state law.

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:

- A site-specific Storm Water Pollution Prevention Plan (SWPPP) developed in accordance with ACT8 of the General Permit, if the project includes regulated construction activity disturbing five (5) acres or more
- A description of proposed water treatment additives as outlined in ACT4, S-4 of the General Permit
- Appropriate Section 404 documentation from U.S. Army Corps of Engineers
- 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: Laura Luce, President

OWNER COMPANY NAME: Leaf River Energy Center, LLC

OWNER STREET (P.O. BOX): 53 Riverside Avenue

OWNER CITY: Westport STATE: CT ZIP: 06880

OWNER PHONE # (INCLUDE AREA CODE): 203.557.1000

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Same as Above
OPERATOR COMPANY: SAME
OPERATOR STREET (P.O. BOX): SAME
OPERATOR CITY: SAME STATE: ZIP:
OPERATOR PHONE # (INCLUDE AREA CODE): SAME

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: Leaf River Cavern Well Relocation Project SIC Code: 1311
PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: [X] NEW [] USED
IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: NA
IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: 4.08 acres (max)
PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):
STREET: Near Intersection of County Line Road & SC Rd. 5 CITY: Near Stringer, Mississippi
COUNTY: Smith ZIP:
TYPE OF TREATMENT (IF PROVIDED): No treatment required. Hydrostatic testwater for new steel pipe.

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 (Must be signed by operator when different than owner)
Geof Storey
Printed Name

11-21-2011
Date Signed
Executive Vice President
Title

This application shall be signed according to ACT12, T-7 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: 06/01/11

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.

OUTFALL 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	31/51/55.77	89/19/23.97	Municipal/Private	Int Trib Buckhalter Br		✓		✓	0.025	✓		12/09/11	
002													
003													
004													
005													
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012													

Revised: 06/01/11

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