

NOTICE OF INTENT

**DISCHARGES FROM TANKS, PIPES, AND OTHER CONTAINMENT STRUCTURES
AT FACILITIES OTHER THAN OIL TERMINALS
GENERAL DISCHARGE PERMIT NO. 06HT**

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section I of this form intends to be authorized by and meet the conditions of General Discharge Permit 06HT for discharges from tanks, pipes, and other liquid containment structures listed in Section II of this form. Authorization to discharge begins upon notification of acceptance of this NOI by MDE. Complete all sections of this form and mail to Maryland Department of the Environment, P.O. Box 2057, Baltimore, MD 21203-2057, Phone (410) 537-3634. **Areas in bold are for MDE use only. For proper credit, NOI and fee must be returned together. An original signature is required on page three.**

SECTION I. OPERATOR INFORMATION

List the legal name of the person, firm or other entity that operates the facility or site described in this application. The operator is the legal entity that controls the facility's operation. Use the full name and address of the operator. List the name and telephone number of the person to contact concerning information on the NOI.

Operator Name: Mid-Atlantic Express, LLC

Address: 140 Professional Parkway, Suite A

City: Lockport State: NY ZIP: 14094

Contact Person: Christopher Diez Telephone: (716)439-1273

If the billing address is different from the operator address, include it here.

Billing address: (if different than above) same

Status of Operator: Private Federal _____ State/Local _____

Enter the Federal Identification Number used for tax purposes. This number is necessary if a refund is due to the facility. 54-1163725

MARYLAND DEPARTMENT OF THE ENVIRONMENT

If the facility is currently permitted, please supply the following numbers: not currently permitted

Registration No. Under 00HT _____ State Permit No. _____

Other NPDES Permit? _ (Y/N) Number(s) _____

Do you need another copy of the Permit? _____ (Y/N)

Enter the worker's compensation insurance policy or binder number, and the name of the company that issued the policy. _____

SECTION II. FACILITY INFORMATION

Facility/Site Location - Enter the official or legal name and complete street address of the facility or site, including (nearest) town or city, state, ZIP code, and county. Provide the latitude and longitude of the facility to the nearest 15 seconds of the approximate center of the site. The latitude and longitude can be found on a relatively detailed map such as an ADC (book) county map.

Name: Mid-Atlantic Express, LLC

Address: NA- Project is an 88+- mile, 30in diameter, natural gas transmission pipeline to be constructed from a proposed liquified natural gas terminal on Sparrows Point, MD to interconnections with other interstate natural gas pipelines in/near Eagle, PA

City: Various County: Baltimore Co., Harford Co. and Cecil Co. in MD State: MD and PA ZIP: NA

Site Latitude: 39* 40' 50" Site Longitude: 76* 12' 09" Site Basin code(s): 02120204

SECTION III. DISCHARGES

Attach a current map of liquid distribution and/or collection system within Maryland. Include all storage facilities, storm water collection areas, and anticipated outfalls.

List the type of liquid or gas piped or stored: proposed natural gas pipeline hydrostatic test water to be discharged

Volume discharged (pending- 7.6 million gallons) Per event X Per day _____ Per month _____

For single event: Approximate date discharge to begin (pending-Nov 2010) End date (pending-Feb 2011)

For single event: Intersection nearest to discharge River Road and Glen Cove Road

For hydrostatic testing: Does the facility discharge to any waters impaired by sediments? N (Y/N)

Find at the following link; click on "2004 303(d) list Searchable Database", then search by the basin

name or number. <http://www.mde.state.md.us/Programs/WaterPrograms/TMDL>.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

SECTION IV. ANNUAL FEE

Submit the following fee based upon the type of wastewater and the average daily discharge volume from the facility. Circle fee submitted for proper credit. Drinking water facilities are exempt from the fee requirement.

Check if drinking water facility _____

<u>Average Daily Discharge Volume (Gallons Per Day)</u>	<u>One Year Fee</u>
Less than 1,000	\$175
1,000 – 5,000	\$250
5,001 – 50,000	\$325
50,001 – 100,000	\$500
100,001 – 250,000	\$950
250,001 – 1,000,000	\$2000
Greater than 1,000,000	\$4000

SECTION V. CERTIFICATION

The information submitted on the NOI must be certified to be true, by a responsible corporate officer, partner, proprietor, or principal executive officer, or by a manager delegated to sign such documents according to the corporate procedures.

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 gather and evaluate 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: _____ Date: _____

Print Name: Christopher Diez

Title: Vice President

For MDE Use Only: Receipt No. _____ Date _____
PCA 13710 Comp Object 5710 Suffix 410