



**NORTH DAKOTA**  
DEPARTMENT of HEALTH

ENVIRONMENTAL HEALTH SECTION  
Gold Seal Center, 918 E. Divide Ave.  
Bismarck, ND 58501-1947  
701.328.5200 (fax)  
www.ndhealth.gov



October 14, 2015

Vantage Pipeline US LP / Pembina Pipeline Corp.  
Keith Learmonth  
4000, 585 8<sup>th</sup> Avenue SW  
Calgary, AB T2P 1G1

Re: NDPDES Permit No. NDG070539

We have received your "Application for Permit to Discharge - NDPDES Industrial-Short Form C" and have granted authority to discharge under the General Permit for Temporary Dewatering/Hydrostatic Testing Permit NDG070000. Your facility has been assigned permit no. **NDG070539**. This permit has been issued by the North Dakota Department of Health (NDDoH) with the understanding that all other applicable permits and permissions have been obtained for the start of the following project. The application indicates that the discharge(s) will consist of water used for the hydrostatic testing of a newly constructed HPV steel pipeline.

<u>Discharge Point</u>	<u>Volume</u> <u>(gallons/Day)</u>	<u>Location</u>	
001H	740,000	HPV Line	TWN 159N, RGE 101W, SEC 5; Williams County

**All discharge points shall be inspected daily.** On a daily basis record the total volume of discharge and make a visual inspection for Oil and Grease. Analytical parameters for pH and Total Suspended Solids (TSS) shall be tested for this project. The parameter for Chlorine shall be tested only if the water source has been chlorinated. The parameter of Oil and/or Grease is waived unless sheen is observed in the discharge; if observed then collect a sample for Total Petroleum Hydrocarbon (TPH). The department shall be contacted on all findings of Oil and Grease. All discharges made directly to a surface water body or wetland shall be inspected closely so as to minimize any turbidity issues. Best Management Practices (BMPs) must be used to minimize the impact of the discharge.

**ADDITIVES:** No additives were reviewed for this project.

Enclosed are Discharge Monitoring Report (DMR) forms for your use. If someone else is responsible for the submittal of the DMRs, please forward this letter and the enclosed forms to them. The reports cover three months; the dates and location have been filled out. If no discharge occurs during the reporting period, check "No" in section one. The reports must be post-marked by the last day of the month following the end of each reporting period. All original DMR forms should be sent to NDDoH and a copy should be kept for your files. **EPA no longer requires a copy of the DMR form.**

If any other testing is conducted during this project, copies of the results of any such test should be forwarded to the Department. **Should you wish to no longer be covered under this permit, you must submit a written request to terminate and cite the reasons for termination.** Coverage shall be maintained until a written notification to release has been issued to the permittee by NDDoH. Should you have any questions about your permit or how to complete the DMRs, please contact me at (701) 328-5237.

Sincerely,

Sarah Waldron  
Environmental Scientist  
Division of Water Quality

Enc.

Environmental Health  
Section Chief's Office  
701.328.5150

Division of  
Air Quality  
701.328.5188

Division of  
Municipal Facilities  
701.328.5214

Division of  
Waste Management  
701.328.5188

Division of  
Water Quality  
701.328.5210

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PU-15-142  
Permit

Filed: 12/8/2015

Pages: 2

North Dakota Department of Health

Sarah Waldron

**North Dakota Department of Health--Division of Water Quality--NDPDES--Discharge Monitoring Report**

NDG070539 Vantage Pipeline US LP/P  
4000, 585 8th Avenue SW Calgary AB T2P 1G1

001H  
For Official Use

Reporting Period: 10/01/2015-12/31/2015  
Due By: 01/31/2016

**Section 1: (HVP Line) Section 2: Length of Discharge**

**Did any discharges occur from this discharge point from 10/01/2015-12/31/2015?**

Yes If 'Yes' then complete all blank non-gray items in sections 2,3 and 4. Mail to the address below by 01/31/2016.  
 No If 'No' then complete section 4 and mail to the address below by 01/31/2016.

Cell/Site	Start Date	End Date	# of Days
#1			
#2			
#3			
Total Days			

**Section 3: Parameter Data**

Parameter	Quantity or Loading			Quality or Concentration			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum			
Total Suspended Solids 00530	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	mg/L		Weekly	Grab
Effluent						mg/L			
pH 00400	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	S.U.		Weekly	Grab
Effluent						S.U.			
Total Residual Chlorine 50060	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	mg/L		Conditional	Instantaneous
Effluent						mg/L			
Oil and Grease Visual 84066	XXXXX	XXXXX	Yes 1/No 0	XXXXX	XXXXX	XXXXX		Daily	Visual
Effluent						XXXXX			
Total Petroleum Hydrocarbon 82181	XXXXX	XXXXX	Yes 1/No 0	XXXXX	XXXXX	mg/L		Conditional	Grab
Effluent						mg/L			
Discharge Flow in Million Gals 50050	XXXXX	XXXXX	Mgal/d	XXXXX	XXXXX	XXXXX		Daily	Calculated
Effluent						XXXXX			
Drain in Million Gallons 51500	XXXXX	XXXXX	Mgal	XXXXX	XXXXX	XXXXX		Quarterly	Calculated
Effluent						XXXXX			

**Section 4 Certification:**

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name: (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Title \_\_\_\_\_ Make a copy for your records For Office Use: Recd: \_\_\_\_\_ Initials: \_\_\_\_\_ Entered on: \_\_\_\_\_ Initials: \_\_\_\_\_

Mail to: North Dakota Dept of Health, Division of Water Quality, 918 East Divide Ave, Park ND 58501-1947 Telephone 701.328.5210