DocuSign Envelope ID: E44E5BCF-5265-42BC-B24D-DFF316FA8483
Arkansas Department of Environmental Quality Permits Branch, Water Division 5301 Northshore Drive North Little Rock, AR 72118 (501) 682-0623

MAY 29 2014

29008 KB

| NOTICE OF INTENT PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG6700000 | | | | | | | |
|---|---|--|--|--|--|--|--|
| APPLICANT INFORMATION | PROJECT INFORMATION | | | | | | |
| Legal Name of Applicant (Operator): SourceGas Arkansas Inc. | 1. Name of the Project: Taylor to Fairmount | | | | | | |
| 2. Applicant Legal Address: PO Box 13288 | Project Physical Location: North of Hwy 412, East of Siloam Springs | | | | | | |
| 3. Applicant City: Fayetteville | 3. Project City: Siloam Springs | | | | | | |
| 4. State: AR Zip: 72703 | 4. State: AR Zip: 72761 | | | | | | |
| 5. Applicant Telephone Number: 479-575-1458 | 6. Project Contact Person and Telephone: | | | | | | |
| 6. Applicant Type (check one): (Note Certification) | Contact Person Name: Amanda Swope | | | | | | |
| ☐ State ☐ Federal ☐ Partnership ☐ Sole Proprietorship ☐ Corporation* | Contact Person Title: EHS&T Coordinator | | | | | | |
| *State of Incorporation: AR | Contact Person Telephone Number: 479-575-1458 | | | | | | |
| 7. Permit and DMR send to: | 10. Project Latitude: <u>36° 11' 40.58"</u> | | | | | | |
| ATTN: Amanda Swope | Longitude: <u>94</u> ° <u>27</u> ' <u>21.11</u> " | | | | | | |
| Address: PO Box 13288 | 12. Additional Project Location Information: | | | | | | |
| City: Fayetteville | Section: 36 Township: 18 Range: 33 | | | | | | |
| State: AR Zip: 72703 | Project County: Benton | | | | | | |
| 8. Cognizant Official: Amanda Swope | 13. Facility/Project NAICS Codes: 2212 | | | | | | |
| Cognizant Title: EHS&T Coordinator | Type of Business: Natural gas distribution | | | | | | |
| Cognizant Telephone: 479-575-1458 | | | | | | | |
| OUTFALL | INFORMATION | | | | | | |
| 1. Outfall Number: 1 | 4. Estimated Volume of Discharge: 75,000 gallons | | | | | | |
| (a) Stream Segment: 3I | 5. Estimated Rate of Discharge: 0.075 MGD | | | | | | |
| (b) Hydrologic Basin Code: 11110103 | 6. Source of Test Water: Siloam Springs City Water | | | | | | |
| (c) Outfall Latitude: 36° 11' 40.58" Longitude: 94° 27' 21.11" | 7. Pipeline/Vessel: USED VIRGIN OTHER: | | | | | | |
| (d) Section: 36 Township: 18 Range: 33 | 8. Describe material from which pipeline/vessel was constructed: steel | | | | | | |
| (e) County: Benton | 9. Type of fluid normally contained/transported through pipe/vessel: natural gas | | | | | | |
| (f) Start Date: 7/1/14 End Date: 7/1/15 | 10. Corrosion Inhibitors used: Yes No No If yes, brief description (Including any potentially toxic constituents) | | | | | | |
| 2. Name of Receiving Stream: tributaries of the Illinois River | 11 yes, offer description (including any potentially toxic constituents) | | | | | | |
| 3. Are any of the Receiving Stream(s) on the latest Clean Water Act section 303(d) list of impaired waters or have an approved TMDL? Solve | | | | | | | |

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| 1. Outfall Number: N/A | 4. Estimated Volume of Discharge: gallons | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| (a) Stream Segment: | 5. Estimated Rate of Discharge: MGD | | | | | | | |
| (b) Hydrologic Basin Code: | 6. Source of Test Water: | | | | | | | |
| (c) Outfall Latitude:°'" Longitude:°'" | 7. Pipeline/Vessel: USED VIRGIN OTHER: | | | | | | | |
| (d) Section: Township: Range: | 8. Describe material from which pipeline/vessel was constructed: | | | | | | | |
| (e) County: | 9. Type of fluid normally contained/transported through pipe/vessel: | | | | | | | |
| (f) Start Date: End Date: | 10. Corrosion Inhibitors used: Yes No No If yes, brief description (Including any potentially toxic constituents) | | | | | | | |
| 2. Name of Receiving Stream: | | | | | | | | |
| 3. Are any of the Receiving Stream(s) on the latest Clean Water Act section 303(d) list of impaired waters or have an approved TMDL? [Yes | | | | | | | | |
| ADDITIONAL OUTFALLS CAN ADDED USING SEPARATE ATTACHED PAGES. | | | | | | | | |
| ADDITIONAL PERMIT INFORMATION | | | | | | | | |
| 1. Is the permittee capable of meeting the applicable effluent limits and conditions of the general permit? X YES NO* * If the answer is NO, DO NOT submit the NOI for permit coverage. | | | | | | | | |
| 2. Facility has Individual NPDES Permit: YES (Permit | | | | | | | | |
| 3. Disclosure Statement : Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf | | | | | | | | |
| CERTIFICATION | | | | | | | | |
| "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas." | | | | | | | | |
| "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant. 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 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." | | | | | | | | |
| Typed or Printed Name: Doug Whitefoot Title: Senior Vice President, Operations | | | | | | | | |
| Signature: DocuSigned by: | Date: 5/20/2014 | | | | | | | |

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| ADDITIONAL INFORMATION | | | | | | | | | | | |
|------------------------|-----------|-------------|-------------|-----|----|------|-----|----|------|-----|----|
| Additional locati | ion desci | ription: | | | | | | | | | |
| 2. Additional Com | ments: _ | | | | | | | | | | |
| Permittee please of | heck th | e following | g: | | | | | | | | |
| Complete NOI: | Yes | NO | Disclosure: | Yes | NO | Map: | Yes | NO | Fee: | Yes | NO |



ARKANSAS SECRETARY OF STATE Mark Martin

Search Incorporations, Cooperatives, Banks and Insurance Companies

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Use your browser's back button to return to the Search Results

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For service of process contact the Secretary of State's office.

Corporation Name

SOURCEGAS ARKANSAS INC.

Fictitious Names

ASSOCIATED NATURAL GAS COMPANY

Filing #

100003980

Filing Type

For Profit Corporation

Filed under Act

Dom Bus Corp; 576 of 1965

Good Standing

Principal Address

Reg. Agent

NATIONAL REGISTERED AGENTS, INC. OF AR

Agent Address

124 W CAPITOL AVE, STE 1900

LITTLE ROCK, AR 72201

Date Filed

06/05/1978

Officers

SEE FILE, Incorporator/Organizer KAREN WASSENBERG, Tax Preparer MICHAEL NOONE , President TIMOTHY J KNAPP , Secretary DOUGLAS D WHITEFOOT , Vice-President

ANDREW J WALLS, Treasurer JENNIFER TOEPKE, Controller

Foreign Name

N/A

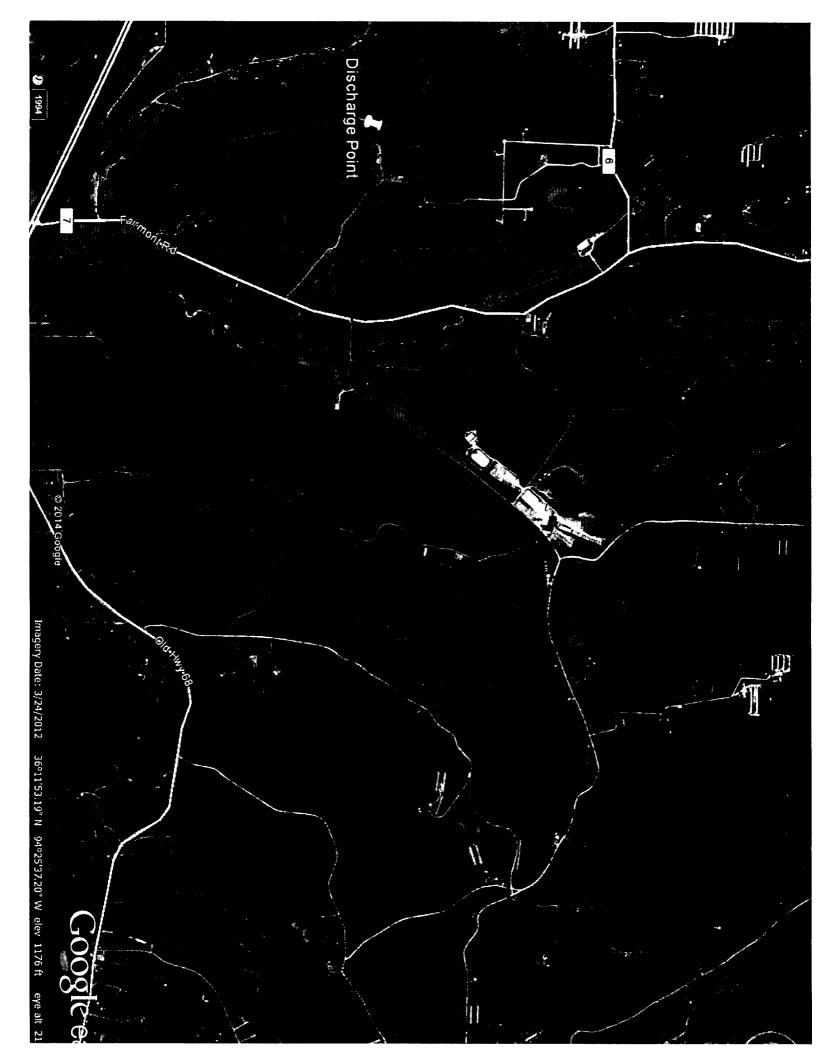
Foreign Address

State of Origin

N/A

Purchase a Certificate of Good Standing for this Entity

Pay Franchise Tax for this corporation



<u>General Permit Route Sheet</u>

| Facility Name | 2 | _ | laylor to F | airmo | unt | | |
|-----------------------------|--|--------------------------------|---|---------------------------------------|-----------------------|--|--|
| Permit Numbe | er | AF | 6 670799 | AFIN NO.* | 04-0209 | | |
| Stream Segme | ent: 3 | J | Receiving Stream: | unnamed trib to Illinois Riv | | | |
| Assigned H∪ | IC 1111010 | 3 | Activity | Initials | Date Complete/Entered | | |
| Sect. | Number/P | lace te ro | gged/Assign Tracking in red folder with oute sheet and filing y) | ¥B | N/A | | |
| Engineer | | iter | and Technical permit information into days) | J+ | 5-29-14 | | |
| AA (Max of 5 business days) | AFIN req | uest | (1-day) | | | | |
| | PDS and | NPD | nd other information into ES database prior to oice (same day) | <u> </u> | | | |
| | , | | oice Request Form and Request (same day) | , , , , , , , , , , , , , , , , , , , | | | |
| | , , | | orization letter and oriate permit, forms | | | | |
| Engineer | Review/or day) | gani | ze folder for scanning (1- | J+ | 5-29-14 | | |
| Engineer Supervisor | perform 1 | echi | e documents/permits/ nical review for the ect. (1-day) | | | | |
| Assistant Chief | 1 | | ocuments and sign the letter or the permit. | | | | |
| AA | Status/Et | fective | os: Permit tive Date. ve date in access day) | | 6-2 | | |
| Sect. | folder and folders. I include th | d pla Jpda iis pa Tua | to applicant. Scan complete ace in appropriate E-drive ate Zylab. Be sure to ermit in weekly report, esday by 2:00 P.M. | WB | 63 | | |

| REMARKS: | | | | | | | |
|-----------------|-----------|--------|-------|-------|-----------|--|--|
| 10:22 am 5-29-1 | y emailed | Amanda | Swope | about | controls. | | |