

General Permit Route Sheet

Facility Name		Source Gas Arkansas Inc.	
Permit Number		ARG 670851	AFIN NO.* 72-02275
Assigned	Activity	Initials	Date
ASII	Application Logged/Assign Tracking Number/Place in purple folder with appropriate route sheet and filing folders (1-day)	Tw	2/16/16
Engineer	Completeness and Technical Review/Enter permit information into Database *except NOI date* (3-days)	JH	2-18-16
	Include map showing Environmentally Sensitive Waters (ERWs, ESWs, NSWs, potential losing streams, 303(d) listed streams, stream segments with an established TMDL, proposed rerouting of stream, mining site, or reclamation site)	JH	2-16-16
ASIII	AFIN request (1-day)	Tw	2/18/16
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	Tw	2/19/16
	Complete Invoice Request Form and submit Invoice Request (same day)	Tw	2/19/16
Engineer Supervisor	Review all the documents and perform technical review for the proposed project. (1-day)	[Signature]	2/19
Planning Section	Review documents if the facility is engaging in mining activity, reclamation sites, within 1 mile of an environmentally sensitive area, or proposing to relocate a stream. (if applicable) (3-days)	[Signature]	2/22
	No comments <input checked="" type="checkbox"/> Comments emailed <input type="checkbox"/>		
Engineer Supervisor	Review comments from planning section and work with engineer to resolve any issues (if applicable). (3-days)		
ASIII	Scan NOI E:/ drive for Public Notice (1-day)	JH	2-22
	Update Completion Date in Database Prepare Notice of Coverage (NOC) and attach appropriate forms (date NOC out at least 7 days due to public notice).	JH	2-22-16
Engineer	Review NOC (1-day)	[Signature]	2-22-16
Engineer Supervisor	Review all documents and perform technical review (1-day)	[Signature]	2-22-16
Branch Manager	Review all documents and perform technical review (if applicable) (1-day)	—	—
Assistant Chief	Review all documents, perform technical review, and sign the NOC. (1-day)	—	—
Engineer Supervisor	Review and take to chief for final review and approval. (1-day)	[Signature]	2/23
Chief	Final Review and Approval (if applicable). Work with Branch Managers for any comments. (2-days)	[Signature]	2/23
Engineer Supervisor	Review any comments from Chief and make appropriate changes based on comments and return to Management chain for review. (1-day)	[Signature]	2/23
ASIII	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	Tw	2/24/16
ASII	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab.	Tw	2/24/16

Comments: _____

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
PIPELINE HYDROSTATIC TESTING DISCHARGE
NPDES GENERAL PERMIT ARG670000**

Application Type: New ☒ **Renewal** ☐ **Permit # ARG67** _____
AFIN# _____

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): SourceGas Arkansas Inc. **Operator Type:**
Permittee Mailing Address: 655 E. Millsap Road, Suite 104 ☐ **State** ☐ **Partnership**
Permittee City: Fayetteville ☐ **Federal** ☒ **Corporation***
Permittee State: AR **Zip:** 72703 ☐ **Sole Proprietorship/Private**
Permittee Telephone Number: 479-582-7804 ***State of Incorporation:** AR
Permittee Fax Number: 479-575-1404 **The legal name of the Permittee must be**
Permittee E-mail Address: Amanda.Swope@sourcegas.com **identical to the name listed with the**
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Amanda Swope **City:** Fayetteville
Invoice Mailing Company: SourceGas Arkansas Inc. **State:** AR **Zip:** 72703
Invoice Mailing Address: 655 E. Millsap Road, Suite 104 **Telephone:** 479-582-7804

III. FACILITY INFORMATION

Facility Name: SourceGas Arkansas Inc. **Facility Contact Person:** Amanda Swope
Facility Address: Approx. 150 ft north of Sunrise Ave **Contact Title:** Environmental Coordinator
Facility County: Washington **Contact Telephone Number:** 479-582-7804
Facility City, State & Zip: Springdale, AR 72764 **Contact E-mail:** Amanda.Swope@sourcegas.com

Facility SIC Code: 4924 **Facility NAICS Code:** 221210 **Type of Business:** Natural gas distribution
Facility Latitude: 36 Deg 12 Min 56.98Sec **Facility Longitude:** 94 Deg 8 Min 19.95Sec
Accuracy: Unknown **Method:** Other **Datum:** 83 **Scale:** N/A **Description:** Earth
Section: 23 **Township:** 18 **Range:** 30

IV. DISCHARGE INFORMATION

Is the permittee capable of meeting the applicable effluent limits and conditions of the general permit?

☒ **Yes** ☐ **No***

***If the answer is NO, do not submit the NOI for permit coverage.**

ARG670000 Checklist

ARG67 0851 ☒ New ☐ Renewal ☐ Modification

Permit Fee: ☒ Disclosure Statement: ☒ Sec. of State Check: ☒

Does the facility have any other NPDES permit: ☐ No ☐ Yes: _____

↳ If Yes, verify any overlapping limits ☐

Discharge Path: unnamed tributary → Spring Creek → Puppy Creek → Osage Creek
HUC: 11110103 Planning Segment: 35 → Illinois River

Potential Losing Stream Area: ☐ No ☒ Yes

Natural/Scenic Water: ☒ No ☐ Yes: _____ Distance: _____

Extraordinary Resource Water: ☒ No ☐ Yes: _____ Distance: _____

Ecologically Sensitive Waterbody: ☐ No ☒ Yes: Osage Creek Distance: more than 10 miles

303 (d) list Impaired: ☐ None

☒ Category 5 – Waterbody: Spring Creek Source/Cause: Unknown Distance: approx 1 mile

☐ Category 4a – Waterbody: _____ Source/Cause: _____ Distance: _____

Site Map or Schematic diagram: ☒

☒ Discharge Location(s)

Volume and Rate of Discharge: ☒

Test Water Source: ☒

Pipeline/Vessel Condition: ☐ Used ☒ Virgin

Pipe/Vessel Material: steel

Typical fluid: ☒

Corrosion inhibitors: ☒ No ☐ Yes

↳ If Yes, MSDS sheets included for every additive?

Date sent to Tech. Services Manager: _____ Response Date: _____

Comments: _____

Check with Enforcement for non-compliance issues: Date Sent 2-16-16 Response Date 2-17-16

Discharge contains **only** water used for hydrostatic testing: ☒

<0.1 mg/l of chlorine in discharge: ☒

No substances that are not monitored by effluent limits in permit: ☒

No lubricants with PCBs: ☒

Other Comments: 2:44pm 2-16-16 emailed Amanda Swape

Cat 5- Puppy Creek for
Pathogens + Phosphorus
Osage Creek for
Pathogens + Phosphorus

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

NOTICE OF INTENT

PIPELINE HYDROSTATIC TESTING DISCHARGE

NPDES GENERAL PERMIT ARG670000

Outfall Number:	1				
Stream Segment:	11070200				
Hydrologic Basin Code:	3J				
Outfall Latitude:	36	°	12	'	56.98"
Outfall Longitude:	94	°	8	'	19.95"
County:	Benton				
Start Date:	2/22/16		End Date:	2/22/17	
Name of Receiving Stream:	Spring Creek				
Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams.	No				
Estimated Volume of Discharge:	2400			gallons	
Estimated Rate of Discharge:	0.0024			MGD	
Source of Test Water:	Springdale City Water				
Pipeline/Vessel:	<input type="checkbox"/> Used <input checked="" type="checkbox"/> Virgin <input type="checkbox"/> Other _____				
Describe material from which pipeline/vessel was constructed:	Steel				
Type of fluid normally contained/transported through pipe/vessel:	Natural Gas				
Are Corrosion Inhibitors Used?:	No				
Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Outfall Number:	N/A				
Stream Segment:					
Hydrologic Basin Code:					
Outfall Latitude:		°		'	"
Outfall Longitude:		°		'	"
County:					
Start Date:			End Date:		
Name of Receiving Stream:					
Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams.					
Estimated Volume of Discharge:				gallons	
Estimated Rate of Discharge:				MGD	
Source of Test Water:					
Pipeline/Vessel:	<input type="checkbox"/> Used <input type="checkbox"/> Virgin <input type="checkbox"/> Other _____				
Describe material from which pipeline/vessel was constructed:					
Type of fluid normally contained/transported through pipe/vessel:					
Are Corrosion Inhibitors Used?:					
Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Outfalls can be added using separate attached pages.

WATER DIVISION
 5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
 PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

NOTICE OF INTENT

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NPDES GENERAL PERMIT ARG670000

V. FACILITY PERMIT INFORMATIONNPDES Individual Permit Number (If Applicable): AR00NPDES General Permit Number (If Applicable): ARG

State Construction Permit Number(If Applicable): _____

NPDES General Construction Stormwater Permit Number (If Applicable): ARR15**VI. OTHER INFORMATION:**

Additional Location Description: _____

Additional Comments: _____

Consultant Contact Name: _____

Consultant Email Address: _____

Consultant Address: _____

City: _____

State: _____

Zip: _____

Consultant Phone Number: _____

Consultant Fax Number: _____

Disclosure Statements:

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.

VII. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Yes No

* If No is answered for any of the questions, then a permit can not be issued!

Submittal of Complete NOI? ☒ ☐Submittal of Required Permit Fee? ☒ ☐Check Number: 29790Submittal of Site Map? ☒ ☐Submittal of Disclosure Statement? ☒ ☐

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Revised 04/24/2012

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VIII. CERTIFICATION OF OPERATOR

AMS (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

AMS (Initial) "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."

AMS (Initial) "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."

Responsible Official Printed Name: Jason WeekleyTitle: Vice President, OperationsResponsible Official Signature: Jason WeekleyDate: 2/5/2016Responsible Official Email: Jason.Weekley@sourcegas.comF21A7CEF350E4A1...
Jason.Weekley@sourcegas.comCognizant Official Printed Name: Amanda SwopeTitle: Environmental CoordinatorCognizant Official Signature: Amanda SwopeDate: 2/4/2016Cognizant Official Email: Amanda.Swope@sourcegas.com748BE9DABB8A4A8...
Amanda.Swope@sourcegas.comTelephone: 479-582-7804

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www.adeq.state.ar.us

Temple, Jessica

From: Swope, Amanda <Amanda.Swope@blackhillscorp.com>
Sent: Thursday, February 18, 2016 10:43 AM
To: Temple, Jessica
Subject: RE: ARG670851, SourceGas Arkansas
Attachments: Revised page 1.pdf

The corrected NOI page is attached. The coordinates are correct, but I don't know the address of the location we are discharging at. I have revised it to be a description.

The discharge will only contain water used for hydrostatic testing.

We will test the water for chlorine levels before discharging to ensure it is below 0.1 mg/l. If above that level, we will hold the water until levels naturally dissipate.

There are no other substances that are not monitored by the effluent limits in the permit.

From: Temple, Jessica [<mailto:TEMPLEJ@adeq.state.ar.us>]
Sent: Tuesday, February 16, 2016 2:44 PM
To: Swope, Amanda
Subject: ARG670851, SourceGas Arkansas

***** This email is from an EXTERNAL sender *****

Use caution before responding. **DO NOT** open attachments or click links from unknown senders or unexpected email. If this email appears to be sent from a BHC employee or department, verify its authenticity before acting or responding. Contact the Helpdesk with any questions.

Amanda,

The Department is in receipt of the NOI, permit fee, and map for the SourceGas Arkansas project located in Benton County. From the coordinates provided on the NOI, it looks like the outfall is at the corner of Thompson St and Sunrise Ave. The NOI has your office address in Section III, which I don't believe to be correct, especially with these coordinates. Can you please send me (email is fine) the corrected NOI page?

I also need you to confirm the following:

- The discharge will contain only water used for hydrostatic testing
- There will be less than 0.1 mg/l of chlorine in the discharge
- There are no substances that are not monitored by the effluent limits in the permit

Thanks,
Jessica Temple
Engineer
ADEQ-Office of Water Quality
501-682-0621

This electronic message transmission contains information from Black Hills Corporation, its affiliate or subsidiary, which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware the disclosure, copying, distribution or use of the contents of this information is prohibited. If you received this electronic transmission in error, please reply to sender immediately; then delete this message without copying it or further reading.



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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
Status	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 W. JASON WEEKLEY , Vice-President ANDREW J WALLS , Treasurer NAIMUL ISLAM , 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



ARKANSAS
Department of Environmental Quality

Instruction for Notice of Intent (NOI)

NPDES GENERAL PERMIT ARG670000 HYDROSTATIC TESTING DISCHARGE

The attached form can be used by all persons desiring coverage under NPDES General Permit ARG670000 (for hydrostatic discharge). The form should be completed and submitted to NPDES Section of the Water Division no later than thirty (30) days prior to the date coverage is desired.

In accordance with the Arkansas Pollution Control and Ecology Commission (APCEC) Regulation No. 9, a permit fee of \$200 must accompany this Notice of Intent at the time of submission. Failure to remit the required fee may be grounds for the Director to deny coverage under this general permit and require the owner or operator to apply for an individual permit.

Be sure to read the information regarding Permit No. ARG670000 on the Department's web site at http://www.adeq.state.ar.us/water/branch_permits/general_permits/default.htm. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions that are applicable to this permit.

Standard Industrial Classification (SIC) Code and the North America Classification Industrial Code (NAICS) may be obtained from <http://www.census.gov/epcd/www/naicstab.htm>.

This Notice of Intent must be signed by a person authorized under the provisions of state and federal law, and who should be familiar with the provisions of 40 CFR 122.22 pertaining to signatory authority. Be sure to read the Certification.

If you have any questions concerning the ARG670000 permit information or Notice of Intent, please contact the NPDES Branch of the Water Division at (501) 682-0623.

REMEMBER THE FOLLOWING:

1. The Notice of Intent must be complete. Do not leave any question blank; use "NA" if a question is not applicable.
2. A \$200.00 check or money order must accompany the Notice of Intent at the time of submission. The Notice of Coverage (NOC) will not be issued until payment has been received by ADEQ.
3. A site map showing the location of the discharge points must be attached
4. Read and sign the Certification.
5. MSDS Sheets for Additives.

Return the completed forms to:

Arkansas Department of Environmental Quality
Permits Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118

Or by electronic mail to: Water.permit.application@adeq.state.ar.us (Complete documents must be submitted in .pdf format (e.g. NOI, site map, and/or SWPPP))

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5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us



ARKANSAS
Department of Environmental Quality

INSTRUCTIONS

I. How to Determine Latitude and Longitude:

If a physical address is known go to www.terraserer-usa.com and proceed with the following steps:

1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to www.geology.enr.state.nc.us/gis/latlon.html to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

II. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

Horizontal Accuracy Measure – This indicates the accuracy, **in meters**, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

Horizontal Collection Method - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

Address Matching-House Number	Public Land Survey-Quarter Section
Address Matching-Block Face	Public Land Survey-Section
Address Matching-Street Centerline	Classical Surveying Techniques
Address Matching-Nearest Intersection	Zip Code-Centroid
Address Matching-Digitized	Unknown
Address Matching-Other	GPS-Unspecified
Census Block-1990-Centroid	GPS with Canadian Active Control System
Census Block/Group-1990-Centroid	Interpolation-Digital Map Source (TIGER)
Census Block/Tract-1990-Centroid	Interpolation-SPOT
Census-Other	Interpolation-MSS
GPS Carrier Phase Static Relative Position	Interpolation-TM
GPS Carrier Phase Kinematic Relative Position	Public Land Survey-Eighth Section
GPS Code (Pseudo Range) Differential	Public Land Survey-Sixteenth Section
GPS Code (Pseudo Range) Precise Position	Public Land Survey-Footing
GPS Code (Pseudo Range) Standard Position (SA Off)	Zip+4 Centroid
GPS Code (Pseudo Range) Standard Position (SA On)	Zip+2 Centroid
Interpolation-Map	Loran C
Interpolation-Photo	Interpolation-Other
Interpolation-Satellite	

Horizontal Reference Datum - The code that represents the reference datum used in determining latitude and longitude coordinates.

Unknown	WGS84
NAD27	NAD83

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Source Map Scale - The scale used to determine the latitude and longitude coordinates.

Not Applicable	1:62,500
Unknown	1:63,000
1:15,840	1:63,350
1:20,000	1:63,360
1:24,000 (1" = 2,000')	1:100,000
1:25,000	1:250,000

Reference Point Description - The place for which geographic coordinates were established.

Facility/Station Building Entrance or Street Address	Facility Center/Centroid
Boundary Point	Intake Point
Treatment/Storage Point	Release Point
Monitoring Point	Other

III. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

IV. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The "2" determines that the Ultimate Receiving Water for the project is the Ouachita River.

VI. Signatory Requirements:

The information contained in this form must be certified by a **responsible official** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president, treasurer

Partnership, a general partner

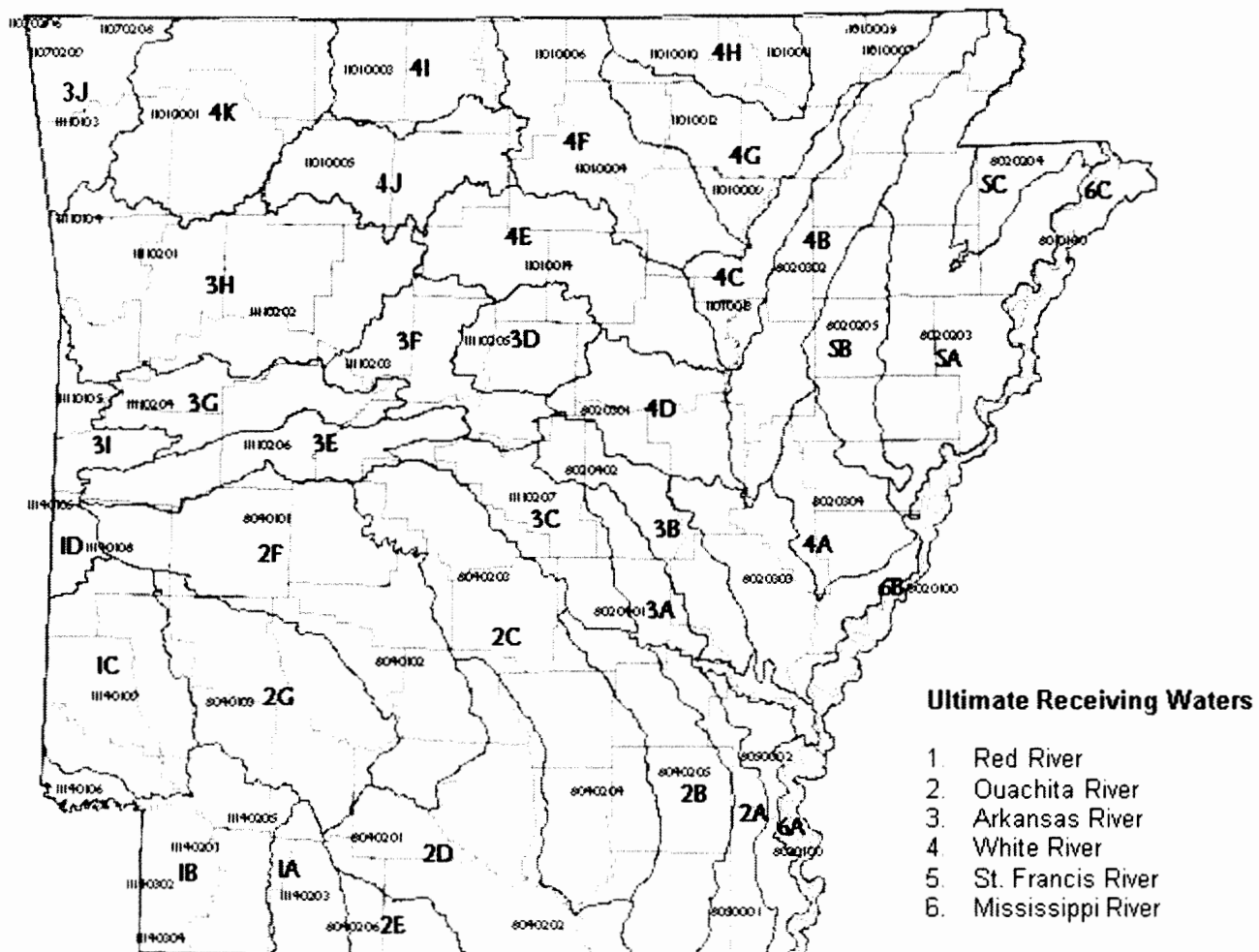
Sole proprietorship: the proprietor/owner

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official

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Google earth

feet
meters

2000

800



Puppy
Creek
Cat 5
for
Pathogens + Phosphorus

unnamed
tributary

← outfall

Spring
Creek
Cat 5 for
Pathogens
+ Phosphorus

It is approximately
1 mile from the
outfall to Spring
Creek.

INSTRUCTIONS FOR 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.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions:

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions continued:

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- **Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;**
- **Phase 1 Consultants, as defined in APC&EC Regulation 32;**
- **Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);**
- **Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;**
- **Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, *et. seq.*;**
- **Laboratory Certifications, as defined in Ark. Code Ann. § 8-2-201, *et. seq.*;**
- **Individual Homeowners seeking coverage under General Permit ARG5500000;**
- **Wastewater Operator Licenses, as defined in APC&EC Regulation 3;**
- **Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, *et. seq.*);**
- **Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22;**
- **Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;**
- **Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and**
- **Asbestos Certification Renewals, as defined in Regulation 21.**

Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification, or operational authorization.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

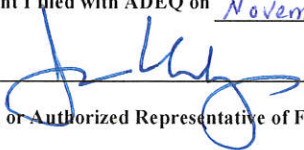
- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

Mail to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

Hand Deliver to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division (s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)
SourceGas Arkansas Inc.
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :
655 East Millsap Road, Suite104
3. CITY, STATE, AND ZIPCODE:
Fayetteville, AR 72703

4. (check all that apply.)
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
<input checked="" type="checkbox"/> Permit <input checked="" type="checkbox"/> License <input checked="" type="checkbox"/> Certification <input checked="" type="checkbox"/> Operational Authority
<input checked="" type="checkbox"/> New Application <input checked="" type="checkbox"/> Modification <input checked="" type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
<input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Hazardous Waste <input checked="" type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input checked="" type="checkbox"/> Solid Waste
<input type="checkbox"/> Environmental Preservation and Technical Service

5. Declaration of No Changes:
The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement I filed with ADEQ on <u>November 11, 2015</u>

Signature of Individual or Authorized Representative of Firm or Legal Entity (Also complete #18.)

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

SourceGas Arkansas Inc. operated as Arkansas Western Gas Company prior to July 1, 2011, and has held numerous air, water, hazardous waste, UST, stormwater and hydrostatic testing permits since 1991. Currently SourceGas Arkansas Inc. operates several natural gas compressor stations and a LNG plant under GOP, SIP, and Title V permits. These air permits are 1447-AR-4, 1551-AR-1, 1868-AGP-018, 1868-AGP-285, 1868-AGP-019, 1868-AGP-349, 1868-AGP-345, 1310-AOP-R3, 1185-AOP-R6, 1450-AOP-R4, 1378-AOP-R4, and 0972-AOP-R4.

There is one facility with a UST: 720000015.

Active hazardous waste generator permitted facilities include: AR0000024505, ARD983287871, ARD983286642, ARR000002360, and ARD983288325.

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

ADEQ Consent Administrative Order LIS: 10-064, Davis Compressor Station, AFIN: 24-00090

ADEQ Consent Administrative Order LIS: 12-048, SourceGas Operations Facility, AFIN: 72-00792

ADEQ Consent Administrative Order LIS: 12-131, Davis Compressor Station, AFIN: 24-00090

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: Michael Noone TITLE: CEO, President

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: Richard Ostberg TITLE: CFO

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: Timothy Knapp TITLE: VP, GC, Secretary

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: Michael Noone TITLE: CEO, President

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: Richard Ostberg TITLE: CFO

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: SourceGas Inc. TITLE: _____

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: SourceGas Inc.

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

SourceGas Inc., a Delaware corporation, owns 100% of the issued and outstanding shares of SourceGas Arkansas Inc.
Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: N/A

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

US EPA Region 6

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

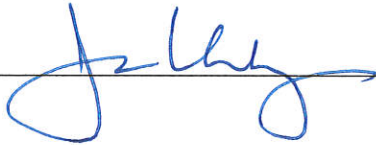
DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of Arkansas

County of Washington

I, Jason Weekley, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

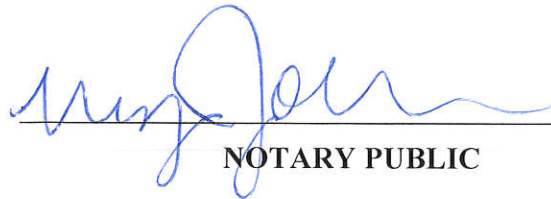
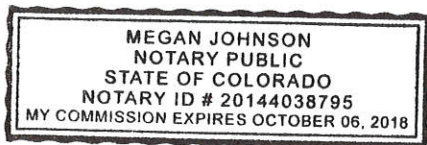
APPLICANT
SIGNATURE: _____



COMPANY
TITLE: Vice President, Operations

DATE: November 11, 2015

SUBSCRIBED AND SWORN TO BEFORE ME THIS 11th DAY OF November 20 15


NOTARY PUBLIC

MY COMMISSION EXPIRES:

10/06/2018