

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

Outfall Number:	014					
Stream Segment:	2D					
Hydrologic Basin Code:	08040202					
Outfall Latitude:	33	°	11	'	44.75	"
Outfall Longitude:	92	°	40	'	38.83	"
County:	Union					
Start Date:	6/24/2016	End Date:	7/31/2016	7/15/2016		
Name of Receiving Stream:	Loutre Creek, thence Bayou de Loutre					
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.	Bayou de Loutre					
Estimated Volume of Discharge:	6,500,000			gallons		
Estimated Rate of Discharge:	1.0			MGD		
Source of Test Water:	Hydrostatic test water from Tank 112 after maintenance activities were completed.					
Pipeline/Vessel:	X Used <input type="checkbox"/> Virgin <input type="checkbox"/> Other _____					
Describe material from which pipeline/vessel was constructed:	Steel plate					
Type of fluid normally contained/transported through pipe/vessel:	Asphalt					
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:						
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					

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

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Additional Outfalls can be added using separate attached pages.

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR0000647
NPDES General Permit Number (If Applicable): ARR000686
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: Chuck Campbell or Josh Fluger
Consultant Email Address: ccampbell@gbmcassoc.com jfluger@gbmcassoc.com
Consultant Address: 219 Brown Lane City: Bryant State: AR Zip: 72022
Consultant Phone Number: 501-847-7077 Consultant Fax Number: 501-847-7943

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: <u>6417</u>
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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VIII. CERTIFICATION OF OPERATOR

- RB (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
RB (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."
RB (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: Ranee Brunner Title: Vice President/General Manager
Responsible Official Signature:  Date: 6/24/16
Responsible Official Email: Ranee.Brunner@lionoil.com

Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Date: _____
Cognizant Official Email: _____ Telephone: _____
