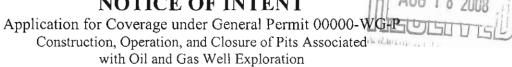
NOTICE OF INTENT



	Permit Tracking No.: OOO69 AF		AFIN No	IN No :			
	Arin						
1. Information on Opera		g Permit:					
					of Facility:		
Contact Name: George Sheffer					Title: DeSoto Field Manager		
Address: PO Box 789					Fax:		
City: Conway	State: AR				Zip Code: 72032		
Phone Number:	hone Number: E-Mail:						
2. Information on Contr Name of Facility:	actor if differ	ent from Operato	r (a represe	ntative a	the well site durin	g drilling activities):	
Contact Name:					Title:		
Address:				I	Fax:		
City:	State:				Zip Code:		
Phone Number:	E-Mail:						
Address or location: 2.4 miles from Center Ridge, AR City: Center Ridge State: AR Zip Code: 72077 County: Conway Latitude 35 ' 20 ' 33.20" N Longitude -92 ' 32 ' 26.55" W Source Datum: WGS 84 NAD 27 NAD 83 Well Name: Anthony Desalvo Trust 8-15 #1,2- 12H Nearest City/Town: Center Ridge Name of & Distance to the Nearest Stream: Trib of Cedar Cr. 0.08 miles SW and a pond 0.07 miles NW Describe the location of and directions to the land application site with respect to roads, towns and other easily identifiable landmarks: SEE ENCLOSED PLAT							
Type of Liner: Synthetic Type of Fluid System: Fr	ngth 220 ft esh Water ⊠	Depth (exc	lude 2' freeb Gas/Air ⊠	Other _	(explain)	slope: 3:1	
5. Is this applicant a corpo certification below that						ignature of the	

No 🛛

6. Has an NOI to drill oil and gas been filed with AOGC? Yes Date _____

7. Has a permit to drill been issued? Yes Permit Number No

- 8. The applicant certifies by signing the certification below that a copy of the NOI with a location map was submitted to the Arkansas Department of Health (ADH) and County Judge of the county where the pit is to be located.
- 9. Applicant must also submit the following documents for ADEQ review with this NOI:
 - a. Topographic map showing well location and receiving streams or ponds within ½ mile.
 - b. Pit schematic and location.
 - c. Completed "Disclosure Statement". The Disclosure Form may be obtained from ADEQ on the website at http://www.adeq.state.ar.us/disclosure_stmt.pdf.
 - d. Fee of \$ 300.00 Check # _____

10. Cognizant Official (Duly Authorized Representative):

- a. All reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:
 - (1) The authorization is made in writing by the applicant.
 - (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, position of equal responsibility, or an individual or position having overall responsibility for environmental matters for the company.
 - (3) The authorization is submitted to the Director.
- b. The applicant hereby designates the following person as duly authorized representative, for signing reports required by the permit, and other information requested by the Director:

Typed or Printed Name	Title	Telephone No.
Signature	Date Signed	

The applicant certifies by signing certification below that the above named individual is qualified to act as a duly authorized representative. (NOTE: If no duly authorized representative is designated herein, the Department considers the applicant to be the cognizant official for the facility and only reports signed by the applicant will be accepted by the Department)

11. Certification and Signatory Requirements:

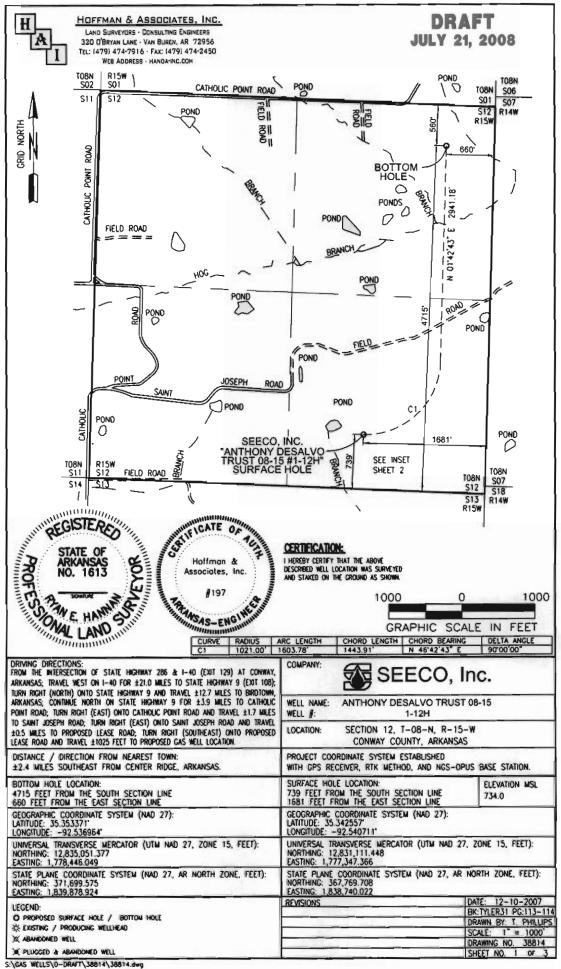
- a. Signature on Notice of Intent (NOI): The Notice of Intent must be signed below by a person authorized (Operator) under the provisions of state law. Applicants should be familiar with the provisions regarding signatory authority which are described in the general permit.
- b. Certification: The applicant and any person signing a document required under this permit must make the following certification:

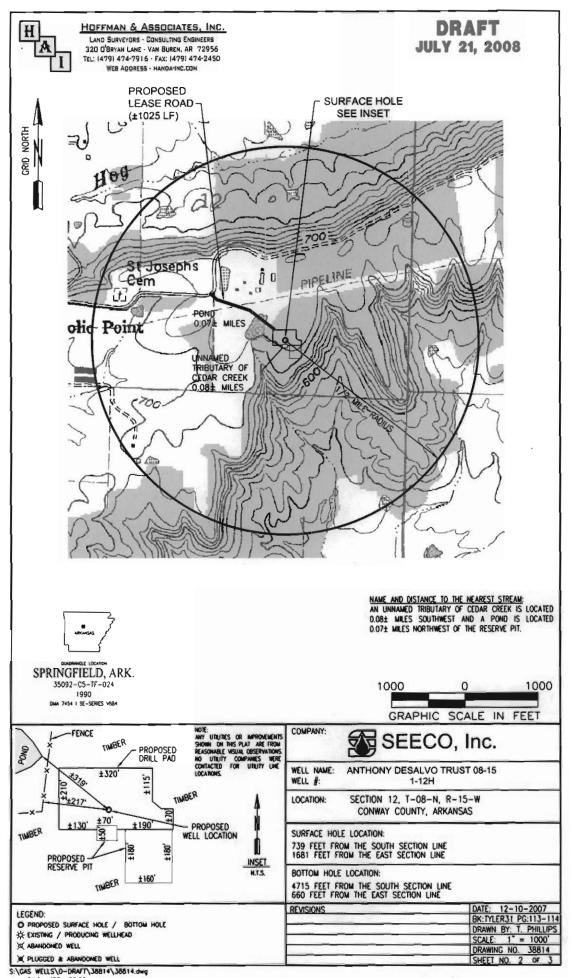
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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."

Typed or Printed Name

Date Sign

Signature





Mon, 21/Jul/08 02:58pm

