



**STATE OF ARKANSAS  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
STATE PERMITS BRANCH, OFFICE OF WATER QUALITY  
5301 NORTHSHORE DRIVE  
NORTH LITTLE ROCK, ARKANSAS 72118-5317  
PHONE: (501) 682-0648**



**NOTICE OF INTENT (NOI)  
FOR SURFACE FACILITIES ASSOCIATED WITH DISPOSAL SYSTEMS  
FOR INJECTION OF SALTWATER AND OTHER OILFIELD WASTES  
AUTHORIZED UNDER NO-DISCHARGE GENERAL PERMIT 0000-WG-SW**

The enclosed form may be used to obtain coverage under No-Discharge General Permit 0000-WG-SW for construction and operation of the surface facilities associated with Class II underground injection control well salt water disposal sites. **Only a copy of this authorized Notice of Intent form will be accepted by ADEQ.**

Anyone seeking coverage under the No-Discharge General Permit 0000-WG-SW must complete the following:

- Complete all sections of the Notice of Intent.
- Sign the Certification in Section IX and the Cognizant Official in Section X.
- Submit the following to ADEQ:

		Complete NOI	Complete Disclosure Statement	Complete Permit Transfer Form	Permit Fee	Deadline for Submittal
<b>New Applicant</b>		Yes	Yes	No	Yes*	Minimum thirty (30) days prior to commencement of operation of the facility
<b>Modification of System</b>	Increase in storage	Yes	Yes	No	Yes	Minimum thirty (30) days prior to commencement of operation of the facility
<b>Modification of System</b>	change in volume of stored fluids not increasing size of storage tanks or containment area; addition or deletion of production wells	Yes	Yes	No	No	Minimum thirty (30) days prior to commencement of operation of the facility
<b>Transfer to new owner or operator</b>		No	Yes	Yes	No	Minimum thirty (30) days prior to the transfer of the facility

\* Required by APCEC Regulation No. 9. Subsequent annual fees of \$250.00 per year will be billed by ADEQ. Failure to remit the required permit fee may be grounds for the director to deny coverage under this general permit and to require the owner or operator to apply for an individual no-discharge permit.

Return the completed forms to: Arkansas Department of Environmental Quality  
Permits Branch, Office of Water Quality  
5301 Northshore Drive,  
North Little Rock, AR 72118

Or by electronic mail [completed documents must be submitted in Adobe Acrobat format (pdf)] to: [Water-permit-application@adeq.state.ar.us](mailto:Water-permit-application@adeq.state.ar.us).

**The Notice of Coverage (NOC) will not be issued until payment has been received by ADEQ.**

For additional information please contact: General Permits Section  
Ph.: 501-682-0648  
Fax: 501-682-0880  
email: [water-permit-application@adeq.state.ar.us](mailto:water-permit-application@adeq.state.ar.us)

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT (NOI)  
NO-DISCHARGE GENERAL PERMIT 0000-WG-SW

**APPLICATION TYPE:** NEW  
PREVIOUSLY COVERED Permit Tracking No.: \_\_\_\_\_

**OPERATOR TYPE:** PUBLIC CORPORATION\*\*  
STATE SOLE PROPRIETORSHIP \*\*State of Incorporation: \_\_\_\_\_  
FEDERAL PARTNERSHIP OTHER: \_\_\_\_\_

**I. PERMITTEE/OWNER INFORMATION**

Permittee/Owner (Legal Name)\*: \_\_\_\_\_  
Permittee/Owner Mailing Address: \_\_\_\_\_  
Permittee/Owner City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Permittee/Owner Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Permittee/Owner email address: \_\_\_\_\_

**II. INVOICE MAILING INFORMATION (if different from the Permittee/Owner)**

Invoice Contact Name: \_\_\_\_\_  
Invoice Mailing Address: \_\_\_\_\_  
Invoice City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Invoice Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Invoice email address: \_\_\_\_\_

**III. OPERATOR MAILING INFORMATION (if different from the Permittee/Owner)**

Operator (Legal Name)\*: \_\_\_\_\_  
Operator Mailing Address: \_\_\_\_\_  
Operator City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Operator Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Operator email address: \_\_\_\_\_

**IV. CONSULTANT MAILING INFORMATION (if applicable)**

Consultant Company Contact Name: \_\_\_\_\_  
Consultant Company Name: \_\_\_\_\_  
Consultant Company Mailing Address: \_\_\_\_\_  
Consultant Company City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Consultant Company Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Consultant email address: \_\_\_\_\_

\* The legal name of the permittee must be identical to the name listed with the Arkansas secretary of state.( [http://www.sos.arkansas.gov/corps/search\\_all.php](http://www.sos.arkansas.gov/corps/search_all.php))

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**V. FACILITY INFORMATION**

The following must be included with the NOI:

1. The designation of the type of system:
  - General (all saltwater is piped to system from connected production wells)
  - Individual (saltwater is piped and/or trucked to system from owner's production wells)
  - Commercial (saltwater accepted from various production wells and manifests must be submitted to AOGC)
2. A copy (8 ½" X 11") of a topographic map showing all of the following:
  - The location of the facility and the connected producing wells,
  - The nearest waterbody, water supplies, dwellings, and property lines for the facility
  - Pipeline transmission lines (above and below ground surface)
  - The name of and distance to the nearest waterbody
3. A copy of a county road map or a Google Earth map showing roadways in the vicinity of the site
4. Driving directions to the facility
5. A diagram of the secondary containment including:
  - The composition and the areal dimensions (including firewall height)
  - The materials, sizes, and locations of any storage tanks, gunbarrels, separators, heater treaters, pumps, piping, and/or any other equipment within the secondary containment
  - The location of the stormwater release valve
  - Calculations demonstrating adequate secondary containment capacity of at least 1.5 times the size of the largest tank within the secondary containment area (e.g., one 500 bbl tank requires at least 750 bbl secondary storage capacity)
  - A statement indicating whether or not the system has an automatic cut-off switch (Murphy switch)
6. For multi-well facilities, provide a printed and an electronic version of the spreadsheet listing the name, latitude/longitude, and volume of saltwater produced by each well along with the total volume of saltwater produced
7. An AOGC-approved authorization to construct and/or operate any injection well associated with the injection facility(s), an approved AOGC Form 23 (for a change of operator only), or any other AOGC-approved approval document to construct and/or operate the injection wells
8. A completed ADEQ disclosure statement. (available from ADEQ's website at the following link: [http://www.adeg.state.ar.us/ADEQ\\_Disclosure\\_Statement.pdf](http://www.adeg.state.ar.us/ADEQ_Disclosure_Statement.pdf))
9. A copy of the Certificate of Good Standing from the Arkansas secretary of state's website (available at the following link: [http://www.sos.arkansas.gov/corps/search\\_all.php](http://www.sos.arkansas.gov/corps/search_all.php))
10. A check for the permit fee (if applicable)

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**VI. SALTWATER WELLS**

Name of Injection Well(s)	Permitted maximum injection volume (bswpd)	Permitted maximum injection pressure (psi)	AOGC Permit No.

**VII. PRODUCTION WELLS**

List all production wells in the system. If necessary, attach another sheet to this form. If the saltwater is trucked to the injection well, for individual disposal systems, a statement certifying that only company-owned production well saltwater is accepted.

Name of production well(s)	Volume of saltwater produced per day (in barrels)
<b>Total volume saltwater produced</b>	

**VIII. PERMIT REQUIREMENT VERIFICATION CHECKLIST FOR NEW PERMITS AND MODIFICATIONS**

Please check the following to verify completion of permit requirements.

A completed NOI Application Form including:

1. Designation of type of system
2. A topographic map
  - a. The name and distance to the nearest waterbody
3. A county road map or Google Earth map
4. Driving directions to site
5. A diagram of the secondary containment, including dimensions and materials of containment units
  - a. Calculations demonstrating adequate secondary containment capacity;
  - b. Whether or not the system has an automatic cut-off switch
6. For multi-well facilities, an electronic version of spreadsheet listing the name, latitude and longitude, and volume of saltwater production
7. A copy of an AOGC approval to construct and/or operate the injection well
8. A completed ADEQ disclosure statement available from ADEQ's website at the following link:  
[http://www.adeq.state.ar.us/ADEQ\\_Disclosure\\_Statement.pdf](http://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf)
9. A copy of the Certificate of Good Standing from the Arkansas secretary of state's website available at the following link: [http://www.sos.arkansas.gov/corps/search\\_all.php](http://www.sos.arkansas.gov/corps/search_all.php)
10. The required permit fee    Check No.: \_\_\_\_\_

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**IX. SIGNATORY REQUIREMENTS:**

All Notices of Intent submitted to the director shall be signed and certified by a **Responsible Official** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

For a **corporation**: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:

- 1) A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
- 2) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a **partnership or sole proprietorship**: by a general partner or the proprietor, respectively.

For a **municipality, state, federal, or other public agency**: by either a principal executive or ranking elected official.

For purposes of this section, a principal executive officer of a federal agency means:

- 1) The chief executive officer of the agency; or
- 2) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

**X. CERTIFICATION OF OPERATOR:**

**This statement must be completed for all applicants requesting coverage under 000-WG-SW.**

"I certify that, if this facility is a corporation, it is registered and in good standing with the Arkansas secretary of state."

"I certify that the cognizant official designated in Part VIII of this Notice of Intent 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 ADEQ will accept reports only signed 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 who manage the system, or those persons directly responsible for gathering the information submitted, this information 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 known violations."

**XI. COGNIZANT OFFICIAL**

**OPERATORS**

Responsible Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPANY OWNER OR OTHER DESIGNATED SIGNATORY AUTHORITY**

Cognizant Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cognizant Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cognizant Official Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cognizant Official email: \_\_\_\_\_