

January 11, 2021

Via Email Only to: bsatterfield@conwaycorp.net

Branch Satterfield President M. M. Satterfield Oil Company P. O. Box 1080 Conway, AR 72033

RE: AFIN #: 23-00738 Tracking #: 2243-AGP-062

General Air Permit for Minor Source Gasoline Bulk Plants

Notice of Intent - Renewal

Dear Mr. Satterfield,

The Division of Environmental Quality has reviewed your facility's Notice of Intent (NOI) and we have made a determination that the information certified in the NOI fulfills the required criteria for general permitting as specified in the Arkansas Plan of Implementation for Air Pollution Control (Regulation 19), the Arkansas Pollution Control Code (Regulation 18), and other applicable regulations. The tracking number for M. M. Satterfield Oil Company, located at 105 E. Robbins Street, Conway, AR 72032 is 2243-AGP-062. A copy of the general permit is available at https://www.adeq.state.ar.us/air/permits/ under the "General Air Permits" link. If you would like to receive a hardcopy of the permit via mail, please contact Rhonda Bowler at 501-682-0765 or bowler@adeq.state.ar.us. This permit and tracking number is your authority to construct, operate, and maintain the equipment and/or control apparatus as set forth in your NOI received on 1/7/2021 and attached to this letter.

This authorization expires upon expiration of the General Air Permit for Minor Source Gasoline Bulk Plants on November 9, 2025. This confirmation letter shall be considered part of the permit. Please place this letter at the facility.

Sincerely,

Thomas Rheaume, P.E. Senior Operations Manager, Office of Air Quality, Division of Environmental Quality 5301 Northshore Drive, North Little Rock, AR 72118-5317

Enclosure

AIR PERMIT NOTICE OF INTENT (NOI) FOR GENERAL AIR PERMIT FOR MINOR SOURCE GASOLINE BULK PLANTS 2243-AGP-000

An online form is available at: https://eportal.adeq.state.ar.us/?FormTag=Air Ext GPBulk.

Required fields are denoted with an asterisk (*).

I. Applicability

1. In order to be eligible for this permit, the facility must meet the conditions, limits, and requirements contained in the general permit. Click or visit the link below for the Minor Source Gasoline Bulk Plants General Permit: https://eportal.adeq.state.ar.us/webfiles/Air/General Permits/2243-AGP-000.pdf

Requirements include, but are not limited to:

- A daily throughput limit of less than 20,000 gallons of gasoline
- An annual throughput limit of less than 7,200,000 gallons of diesel fuel
- An annual throughput limit of less than 7,200,000 gallons of jet fuel

a.	Does the facility meet the conditions stated in the general permit including but not limited to those requirements listed above?* ▼Yes □No
b.	If "No," the facility is most likely not eligible for this permit. Explain why the facility is eligible below.*

II. General Information 2. Arkansas DEQ Facility Identification Number (AFIN) (##-####): 23-00738 3. Select the Type of NOI:* □New or Initial Coverage (Fee \$200) ☐ Modified (No Fee) ☐ Administrative Change (No Fee) Renewal (No Fee) 4. List All Changes Associated with this NOI or indicate "None"* NONE 5. List Current Active Air Permit Number for the Facility (If Applicable): 2243-AGP-062 6. Air Permit NOI Contact Information In many cases, the person who prepared and is most knowledgeable about the NOI is someone other than the person who signed the NOI. Information in this section should allow the Office of Air Quality to contact this person. If this section is blank and the Office of Air Quality requires additional information, we will contact the person listed in the mailing address.

Last Name: Satterfield

State: AR

Email: bsatterfield@conwaycorp.net

Zip Code: 72033

First Name: Branch

Phone: 501-327-7714

Address: PO Box 1080

Title: President

City: Conway

III. Applicant Information

_		
M. M. Satterfield Oil Co		
8. North American Industry Classification System (NAICS) Please provide the NAICS code and description for your facility. (www.census.gov/eos/www/naics/)		
Primary NAICS Code and Descr	iption:*	
Petroleum Wholesaler		
9. Facility Physical Address		
Street Address:* 105 E. Robins St		
City:* Conway	State: AR Zip Code:* 72032	
County:* Faulkner		
	de and Longitude Longitude Coordinates. Latitude and Longitude coordinates es, using a negative value for the longitude	
Latitude:*	Longitude:*	
11. Facility Mailing Contact and Ad	dress	
Prefix:* Mr First Name:* Brand	Last Name:* Satterfield	
Title:* President	· .	
Phone:* 501-327-7714	Email:* bsatterfield@conwaycorp.net	
Address:* PO Box 1080		
City:* Conway	State:* <u>AR</u> Zip Code:* <u>72033</u>	

Please provide the following information for the Billing contact for this NOI. First Name:* Branch Last Name:* Satterfield Phone: * 501-327-7714 Email: * bsatterfield@conwaycorp.net Address:* PO Box 1080 City:* Conway State: * AR Zip Code: * 72033 13. Legal Organization:* □Local Government (includes city, county, PID, SWD, SID, and school district) ☐ State Government ☐ Federal Government ☐ Solely Owned Proprietorship (includes individual and individual d/b/a company) General Partnership (names of partners are required on the Disclosure Statement) ☐ Limited Partnership (includes LP, LLP, LLLP) ☐ Limited Liability Company ☑ Corporation (Domestic or Foreign, includes for-profit, nonprofit, and corporation d/b/a company) ☐ Cooperative 14. If Local Government, Select the Type of Local Government: □ City □ County \square PID \square SWD \Box SID ☐ School District 15. If Corporation, Limited Liability Company (LLC), Limited Partnership (LP, LLP, or LLLP), or Cooperative, Enter the Arkansas Secretary of State's Filing Number (http://www.sos.arkansas.gov/corps/search_all.php): 100045578 16. If the applicant is registered with the Arkansas Secretary of State, indicate if the applicant is chartered in Arkansas (i.e., domestic) or chartered in a state other than Arkansas (i.e., foreign). Refer to the State of Origin that is listed on the Arkansas Secretary of State's website for this applicant. □Not Applicable—Applicant is a government entity, Solely Owned Proprietorship, or General Partnership **▼**Domestic (Arkansas) ☐ Foreign (Chartered Outside of Arkansas)

12. Billing Information Contact and Address

17.	. Att	each the Current Proof of Good Standing from the State of Origin:					
		Not Applicable—Applicant is a government entity, Solely Owned Proprietorship, or					
		General Partnership					
		Not Applicable—Applicant is chartered in Arkansas (i.e. domestic)					
		Not Applicable—This request is for an Administrative Change					
	الا	Proof of Good Standing Document is attached					
18.	Att	each the Disclosure Statement or SEC Annual and Quarterly Reports (Required for Initial					
	Per	mits, Renewals, and any time the Disclosure Statement has Changed)					
		kansas Code Annotated § 8-1-106 requires that all applicants for the issuance or transfer of					
		permit submit a disclosure statement with their applications. Some exception apply fer to the form for details).					
	(10.	to the form for details).					
		publicly held companies, attach the most recent annual and quarterly Securities and					
		change Commission reports. Other entities, attach the up-to-date disclosure statement.					
		The disclosure form is a separate form and can be obtained using the link below: attps://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf					
		Not Applicable—Applicant is City, County, SWD, School District, State Government, or					
		Federal Government					
		Not Applicable—This request is for an Administrative Change					
		Disclosure Statement or SEC Annual and Quarterly Reports are attached					
10	Day	enongible Official Information					
17.		sponsible Official Information by the person under whose hardcopy signature this form will					
		certified when completed. This person must be a responsible official. "Responsible					
		ficial" is defined on Page #9 of this form.					
	a.	Name of the Responsible Official Certifying this NOI:*					
		Branch Satterfield					
		· · · · · · · · · · · · · · · · · · ·					
	b.	Job Title of the Responsible Official:*					
		President					
	0	Company or Agency of the Personaible Officials*					
	c.	Company or Agency of the Responsible Official:*					
		M. M. Satterfield Oil Co					

d.	If the applicant is a Limited Liability Company, Corporation (Domestic or Foreign,
	includes for-profit, nonprofit, and corporation d/b/a company), or Cooperative; indicate
	how the person certifying this submission qualifies as a responsible official.
	□Not Applicable—The applicant is not a Limited Liability Company, Corporation, or
	Cooperative
	☑ The person is the president of the corporation, LLC, or cooperative
	☐ The person is the secretary of the corporation, LLC, or cooperative
	☐ The person is the treasurer of the corporation, LLC, or cooperative
	☐ The person is the vice-president of the corporation, LLC, or cooperative in charge of a principle business function
	The person performs policy or decision-making functions for the corporation, LLC, or cooperative similar to the functions of the president, secretary, treasurer, or vice-president of the corporation, LLC, or cooperative (e.g., Chief Executive Officer)
	☐ The person is a duly authorized representative that is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit (e.g., Plant Manager). Since the responsible official has
	been delegated that authority, attach the Delegation of Authority Letter. By regulation the letter should be submitted and approved before completing this
	NOI

IV. Emergency Engine Information

Provide information on each engine located or to be located at the facility. All units, existing and new, must be included.

20. Unit Number:				
Engine Manufacturer:			Model:	
Serial Number:			Construction Date:	
	Compression Ignition ☐ 2 Stroke		Date of Last Modification or Reconstruction:	
Engine Type: (select one)	□4 StrokeSpark Ignition□2 Stroke□4 Stroke		Model Year:	
			Date Engine Ordered:	
Maximum Rated Outp	ut (bhp):	Engine Displacer	nent (cc):	Displacement Per Cylinder (L/cylinder):
21. Unit Number:				
Engine Manufacturer:			Model:	
Serial Number:			Construction Date:	
	□2 Strol		Date of Last Modification or Reconstruction:	
Engine Type: (select one)	☐4 Stroke Spark Ignition		Model Year:	
	□2 Strol	ke	Date Engine Ordered:	
Maximum Rated Output (bhp): Engine Displace		nent (cc): Displacement Per Cylinder (L/cylinder):		

V. Insignificant Activities and Other Information

22.	List below any emission sources other than tanks and loading racks at the facility. These must qualify as insignificant activities listed in Appendix A, Group A of Regulation 18 or 19. For insignificant activities with a numerical standard in Appendix A, Group A of Regulation 18 or 19, calculations demonstrating compliance with the numerical standard must be provided also.			
	Insignificant Activities:			
23.	Attach Calculations and/or Detailed Lists for the Insignificant Activities Listed, if Necessary* Attached Not Applicable			
24.	Other Information (Optional) Attach any other information that you wish to be considered in this NOI.			

VI. Certification

- 25. "Responsible Official" means one of the following:
 - a. For a corporation: a president, secretary, 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 a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
 - i. the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
 - ii. the delegation of authority to such representative is approved in advance by the permitting authority;
 - b. For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
 - c. For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA).

I certify under penalty of law that this Notice of Intent 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.

W 2 JW W	01/05/2021	
Signature of Responsible Official Branch Satterfield	Date Signed President	
Printed Name of Responsible Official	Title	