

ADEQ

ARKANSAS
Department of Environmental Quality

April 17, 2006

AHTD Construction Division
P.O. Box 2261
Little Rock, AR 72203

Attn: Brenda Walden

RE: Notice of Termination NPDES Storm Water Construction Permit, AHTD Job No. 020380,
Hwy.31- Stuttgart, (REHAB.) (SEL.SECS.) (S), Stuttgart, AR (Permit Tracking No. **ARR150250**,
AFIN **88-00818**)

In accordance with receipt of the Notice of Termination (NOT), you are hereby notified that the subject permit number **ARR150250** has been terminated effective this date.

Any resumption of the discharge or any new discharge without a permit will be unlawful. Should you again propose to discharge any pollutant from this facility to waters of the State, it will be necessary to file a new Notice of Intent prior to the proposed discharge. Any permit issued as a result of such reapplication will contain conditions and limitations consistent with the situation, and the laws and regulations in effect at the time of reissuance, irrespective of any previously issued permit.

If you have any questions concerning this matter or need additional information, please feel free to contact the NPDES Storm Water Section at (501) 682-0623.

Sincerely,



Mo Shafii
NPDES Permit Section Chief

MS:KF

cc: Central Files (ARR150250, w/ attachments)
Sherry Hopkins, NPDES Permits
Jim Purvis, ADEQ Administration
Frank Esry, Water Inspector Supervisor
Patricia Goff, APC&E Commission Secretary

RECEIVED

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199

APR 10 2006

DISTRICT 2
PINE BLUFF

NOTICE OF TERMINATION
FOR DISCHARGERS OF STORM WATER RUNOFF ASSOCIATED WITH
MEDIUM OR LARGE CONSTRUCTION ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000

CEP

Permit Tracking Number to be Terminated: ARR15 0250

APR 14 2006

I. PERMITTEE INFORMATION

Permittee Name: AHTD - CONSTRUCTION DIVISION
Permittee Mailing Address: P.O. BOX 2261 PRIVATE STATE
City: LITTLE ROCK FEDERAL CORPORATION
State: AR Zip: 72203 PUBLIC OTHER
Permittee Telephone Number: (501) 569-2251
Permittee Fax Number: (501) 569-2119

Permittee Type: AB

II. CONSTRUCTION SITE INFORMATION

Project Name: HWY. 31-STUTTGART(REHAB.) Project Contact Person: BRYAN SWINNEY
Project County: ARKANSAS & JEFFERSON Project Physical Address: P.O. BOX 8010
Directions to the Project: RT.79&79BSECT.9B,10,11 Project City: PINE BLUFF Zip: 71611
Hwy. 79 between Pine Bluff and Stuttgart Telephone Number: 870-536-1831

Is the Contractor the same as the permittee? Yes No If no, complete the appropriate information.

Name: D&D Paving Inc. City: Sherrill
Address: 8904 Trulock Bay Road State: AR Zip: 72152
Telephone Number: (870) 879-3084

III. PERMITTEE CERTIFICATION

"I certify under penalty of law that all soil disturbing activities have been completed and a uniform (e.g., evenly distributed, without large bare areas) perennial vegetative cover with a density of 70% of the native background vegetation cover for the area has been established on all unpaved areas and areas not covered by permanent structures, or equivalent permanent stabilization measures have been employed, or that all storm water discharges associated with the construction activities from the identified site that are authorized by an NPDES general permit have been eliminated. I understand that by submitting this Notice of Termination that I am no longer authorized to discharge storm water by general permit, and that discharging pollutants in storm water associated with construction activity to waters of the United States is unlawful under the Clean Water Act and the Arkansas Water and Air Pollution Control Act where the discharge is not authorized by an NPDES permit."

Typed or Printed Name: ERNIE WESTFALL Title: DISTRICT CONSTRUCTION ENGINEER
Signature: [Signature] Date: 4-11-06

ADEQ

ARKANSAS
Department of Environmental Quality

April 17, 2006

Mr. Orland Pylant
CenterPoint Energy Gas Transmission
P. O. Box 21734
Shreveport, LA 71151

RE: Notice of Termination, NPDES Storm Water Construction Permit, KM-3, Norphlet, AR, (Permit Tracking No. **ARR150824**, AFIN **70-00749**)

Dear Mr. Pylant:

In accordance with receipt of the Notice of Termination (NOT), you are hereby notified that the subject permit number **ARR150824** has been terminated effective this date.

Any resumption of the discharge or any new discharge without a permit will be unlawful. Should you again propose to discharge any pollutant from this facility to waters of the State, it will be necessary to file a new Notice of Intent prior to the proposed discharge. Any permit issued as a result of such reapplication will contain conditions and limitations consistent with the situation, and the laws and regulations in effect at the time of reissuance, irrespective of any previously issued permit.

If you have any questions concerning this matter or need additional information, please feel free to contact the NPDES Storm Water Section at (501) 682-0623.

Sincerely,



Mo Shafii
NPDES Permit Section Chief

MS:KF

cc: Central Files (ARR150824, w/ attachments)
Sherry Hopkins, NPDES Permits
Jim Purvis, ADEQ Administration
Frank Esry, Water Inspector Supervisor
Patricia Goff, APC&E Commission Secretary

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199

APR 14 2006

NOTICE OF TERMINATION
FOR DISCHARGERS OF STORM WATER RUNOFF ASSOCIATED WITH
MEDIUM OR LARGE CONSTRUCTION ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000

Permit Tracking Number to be Terminated: ARR15 0824

I. PERMITTEE INFORMATION

Permittee Name: CenterPoint Energy Gas Transmission Permittee Type:
Permittee Mailing Address: P. O. Box 21734 PRIVATE STATE
City: Shreveport FEDERAL CORPORATION
State: LA Zip: 71151 PUBLIC OTHER
Permittee Telephone Number: 318-429-2700
Permittee Fax Number: 318-429-3927

II. CONSTRUCTION SITE INFORMATION

Project Name: KM-3 Project Contact Person: Andy Dean
Project County: Union Project Physical Address: N/A
Directions to the Project: 2 miles SSE of Norphlet, Project City: Norphlet Zip: _____
Telephone Number: 318-429-4426
Is the Contractor the same as the permittee? Yes No If no, complete the appropriate information.

Name: _____ City: _____
Address: _____ State _____ Zip: _____
Telephone Number: _____

III. PERMITTEE CERTIFICATION

"I certify under penalty of law that all soil disturbing activities have been completed and a uniform (e.g., evenly distributed, without large bare areas) perennial vegetative cover with a density of 70% of the native background vegetation cover for the area has been established on all unpaved areas and areas not covered by permanent structures, or equivalent permanent stabilization measures have been employed, or that all storm water discharges associated with the construction activities from the identified site that are authorized by an NPDES general permit have been eliminated. I understand that by submitting this Notice of Termination that I am no longer authorized to discharge storm water by general permit, and that discharging pollutants in storm water associated with construction activity to waters of the United States is unlawful under the Clean Water Act and the Arkansas Water and Air Pollution Control Act where the discharge is not authorized by an NPDES permit."

Typed or Printed Name: Debra A. Ristig Title: Sr. Director Strategy & Support Services
Signature:  Date: 4/10/06

ADEQ

ARKANSAS
Department of Environmental Quality

April 17, 2006

Mr. Steve Bates
Hot Spring Power Company, LLC
410 Henderson Road
Malvern, AR 72104

RE: General Storm Water Runoff Permit for Industrial Activity (Permit Tracking No. **ARR000164**, AFIN 30-00337)

Dear Mr. Bates:

The initial permit fee and Notice of Intent (NOI) for coverage under the attached general storm water runoff permit (ARR000000) was received on 4/13/2006. The NOI has been reviewed and determined to be complete. For tracking purposes, the facility has been assigned permit tracking number, **ARR000164**. Please use this number in all future correspondence related to this facility.

If you have any questions concerning this matter or need additional information, please feel free to contact Kimberly Fuller, NPDES Storm Water Engineer at (501) 682-0621 or myself at (501) 682-0616.

Sincerely,



Mo Shafii
NPDES Permit Section Chief

MS:KF

Attachment

cc: Central Files, (ARR000164, w/ attachments)
Sherry Hopkins, NPDES Permits
Frank Esry, Inspection Branch
James Purvis, ADEQ Administration (w/o attachments)
Patricia Goff, APC&E Commission Secretary (w/o attachments)
David Ramsey, PCS Senior Program Analyst

**AUTHORIZATION LETTER TO DISCHARGE STORM WATER UNDER
THE NPDES GENERAL STORM WATER PERMIT NUMBER ARR000000.**

THIS IS NOT THE PERMIT

Steve Bates
Hot Spring Power Company, LLC
410 Henderson Road
Malvern, AR 72104


is authorized to discharge from a facility located as follows: 410 Henderson Road, Malvern, in Hot Spring County, Arkansas with monitoring category 0.

Discharge shall be in accordance with effluent limitations, monitoring requirements, and other conditions set forth in the general industrial Storm Water permit ARR000000.

Please find attached a copy of the industrial storm water permit ARR000000.

Issued Date: 4/17/2006

Expiration Date: 03/31/2009



Mo Shafii
NPDES Permits Section Chief, Water Division
Arkansas Department of Environmental Quality
501-682-0616
shafii@adeq.state.ar.us

NPDES PERMIT COMPLIANCE SYSTEM (PCS)
GENERAL PERMIT CODING FORM

FACILITY INFORMATION PART 1

GENERAL PERMIT TRACKING # (NPID): ARR000164

AFIN: 30-00337

FACILITY NAME (FNMS): Hot Spring Power Company, LLC

COGNIZANT OFFICIALNAME, TITLE (OFFL): Steve Bates, Plant Manager

OFFICIAL'S TELEPHONE (TELE): (501) 467-3232

CITY CODE (CITY): 54900
(The City where the physical facility is located.)

1st 5-digits from 1st column in
E:\Pcs Table-City Master File.doc

SIC CODE (SIC2): 4911 (attach parameters & limits required for ARR000000)

TYPE OF OWNERSHIP (TYPO): Corporation

AVERAGE DESIGN FLOW (FLOW): N/A MGD (must be in million gallons/day)

ENGINEER'S INITIAL'S (ENGI): KF

FACILITY INFORMATION PART 2

STREAM SEGMENT (RDF5): 2F (Arkansas Water Quality Planning Segment)

RECEIVING WATERS (RWAT): Unnamed tributary of the Ouachita River, thence into the Ouachita Rive, ultimate receiving stream: Arkansas River.

FACILITY LATITUDE (FLAT): 34/25/47 dd° mm' ss" N (no decimals)

FACILITY LONGITUDE (FLON): 92/49/54 dd° mm' ss" W (no decimals)

HYDROLOGIC UNIT CODE (FBHC): 08040102 8-digit USGS HYDROLOGIC UNIT CODE

FACILITY MAILING ADDRESS

(Primary Administrative Correspondence)

FACILITY MAILING NAME: Hot Spring Power Company, LLC

MAILING ADDRESS LINE 1: 410 Henderson Road

MAILING ADDRESS LINE 2:

CITY, STATE, ZIPCODE: Malvern, AR 72104

FACILITY LOCATION ADDRESS

(Physical Location of the Treatment Facility)

LOCATION MAILING NAME: Hot Spring Power Company, LLC

LOCATION ADDRESS 1: 410 Henderson Road

SECTION, TOWNSHIP, RANGE: S28/T3S/R17W

COUNTY: Hot Spring

CITY, STATE, ZIPCODE: Malvern, AR 72104

PERMIT TRACKING EVENT DATES

(mm/dd/yy)

NOI RECEIVED DATE (P1099): 4/13/2006

COVERAGE EFFECTIVE DATE (P6099): 4/17/2006

NPDES ENFORCEMENT ADMINISTRATOR:

(RDF8 Assigned by NPDES Enforcement)

PERMIT # (GPD): ARR000164

NUMBER OF OUTFALLS:

NPDES PERMIT COMPLIANCE SYSTEM (PCS)
GENERAL PERMIT CODING FORM

OUTFALL INFORMATION	CATEGORY: 0
OUTFALL NUMBER (DSDG): <u>00</u>	
INITIAL REPORT START DATE (STRP): <u>4/17/2006</u>	
# REPORTING PERIOD UNITS (NRPU): <u>Annual Grab Sample</u>	
INITIAL SUBMISSION DATE (STSS): <u>4/13/2006</u>	
PIPE DESCRIPTION (PIPE):	
LIMITS START DATE (FLSD): <u>4/17/2006</u>	
OUTFALL LATITUDE (PLAT): <u>34/25/47</u>	
OUTFALL LONGITUDE (PLON): <u>92/49/54</u>	
TREATMENT TYPES (TRET): <u>N/A</u>	

MONITORING CATEGORY	MONITORING DESCRIPTION*
00	No Monitoring Required
01	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Biochemical Oxygen Demand (BOD) (00310), Chemical Oxygen Demand (COD) (00340), Total Suspended Solids (TSS) (00530), Total Phosphorus (00662), Nitrate + Nitrite Nitrogen (00630), and any Section 313 Water Priority Chemical the facility must report
02	Annual Grab Sample for: pH (00400), Oil and Grease, Biochemical Oxygen Demand (BOD) (00310), Chemical Oxygen Demand (COD) (00340), Total Suspended Solids (TSS) (00530), Cadmium (01113), Arsenic (00978), Total Phosphorus (00662), Lead (01114), Copper (01119), and any pollutant in an Effluent Limit Guideline to which the facility is subject
03	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Chemical Oxygen Demand (COD) (00340), Total Suspended Solids (TSS) (00530), Cadmium (01113), Arsenic (00978) Ammonia (00610), Lead (01114), Cyanide (78248), Silver (01079), Mercury (71901), Selenium (00981), Magnesium (00921), Nitrate + Nitrite Nitrogen (00630), and Barium (01009)
04	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Biochemical Oxygen Demand (BOD) (00310), Chemical Oxygen Demand (COD) (003340), Total Suspended Solids (TSS) (00530), and Total Phenols (46000)
05	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Biochemical Oxygen Demand (BOD) (00310), Chemical Oxygen Demand (COD) (00340), and Total Suspended Solids (TSS) (00530)
06	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Biochemical Oxygen Demand (BOD) (00310), Chemical Oxygen Demand (COD) (00340), Total Suspended Solids (TSS) (00530), Arsenic (00978), and Copper (01119)
07	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Total Suspended Solids (TSS), Nickel, Zinc, and Copper (01119)
08	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Chemical Oxygen Demand (COD) (00340), Total Suspended Solids (TSS) (00530), Lead (01114), and Copper (01119)

NPDES PERMIT COMPLIANCE SYSTEM (PCS)
GENERAL PERMIT CODING FORM

MONITORING CATEGORY	MONITORING DESCRIPTION*
09	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Biochemical Oxygen Demand (BOD) (00310), Chemical Oxygen Demand (COD) (00340), Total Suspended Solids (TSS) (00530), and the Primary Ingredient in the Deicing Materials used at the site
10	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Biochemical Oxygen Demand (BOD) (00310), Chemical Oxygen Demand (COD) (00340), Total Suspended Solids (TSS) (00530), Nitrate + Nitrite Nitrogen (00630), Total Phosphorus (00662), and Fecal Coliform Bacteria (74055)
11	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Total Suspended Solids (TSS) (00530), Copper (01119), Nickel (01074), and Zinc (01094)
12	Annual Grab Sample for: pH (00400), Oil and Grease (00556), Total Suspended Solids (TSS) (00530), Chemical Oxygen Demand (COD) (00340), and any pollutant in an Effluent Limit Guideline to which the facility is subject

* If required to monitor, each facility is required to collect an Annual Grab Sample during the reporting period, i.e., July 1st through June 30th. The Discharge Monitoring Report (DMR) is due by July 25th of each year.

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199

30-00337
ARR000164

APR 13 2006
aw

NOTICE OF INTENT (NOI)
FOR DISCHARGERS OF STORM WATER RUNOFF
ASSOCIATED WITH INDUSTRIAL ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000

Application Type: New Renewal

I. GENERAL INFORMATION

Facility Name: Hot Spring Power Company, LLC
Legal Applicant Name
(If the applicant is different from the above): _____
Operator Name: Hot Spring Power Company, LLC
Is the operator identified above, the owner of the facility? Yes No

II. OWNERSHIP INFORMATION

Owner Name: Hot Spring Power Company, LLC Owner Type:
Owner Address: 410 Henderson Road PRIVATE STATE
City: Malvern FEDERAL CORPORATION
State: AR Zip: 72104 PUBLIC OTHER
Owner Telephone Number: 501-467-3232
Owner Fax Number: 501-467-3233 Email Address: _____

III. INVOICE MAILING INFORMATION (If different from Mailing Address below.)

Invoice Contact Person: Shena Lisenbey, Site Administrator City: Malvern
Invoice Mailing Company: Hot Spring Power Company, LLC State: AR Zip: 72104
Invoice Mailing Address: 410 Henderson Road Telephone: 501-467-3232

IV. FACILITY INFORMATION

Facility Physical Address: 410 Henderson Road Contact Person Name: Steve Bates
Facility County: Hot Spring Contact Person Title: Plant Manager
Facility City: Malvern Zip: 72104 Telephone Number: 501-467-3232 x 102
Directions to the Facility: From Malvern, AR, drive 6 miles west
along Hwy 270. Turn south onto Fax Number: 501-467-3233
construction road into facility. Email Address: sbates@hotspringpower.com
Type of Business: Natural gas fired electricity generation Facility SIC Code(s): 4911 (Electric Power Generation)

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199

IV. FACILITY INFORMATION (CONTINUED)

Is mailing address different from facility address? Yes No If yes, provide mailing address in the space provided.

Mailing Address: _____ City: _____
_____ State: _____ Zip: _____

Facility Latitude: 34 degrees 25 minutes 47 seconds

Facility Longitude: 92 degrees 49 minutes 54 seconds

Accuracy: E Method: A Datum: U Scale: U

Description: 01099

Section: 28 Township: 3 south Range 17 west

Hydrologic Basin Code: 8040102

Monitoring Category: 0 1 2 3 4 5 6
(see Part II.B of the permit for definition) 7 8 9 10 11 12

V. DISCHARGE INFORMATION

Is this a new discharge? Yes No If yes, date coverage desired: 4/26/2006

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

unnamed tributary of the Ouachita River, thence into the Oachita River

Choose Your Ultimate Receiving Stream: Red River Ouachita River Arkansas River
White River St. Francis River Mississippi River

Are any of the Receiving Stream(s) on the latest Clean Water Act section 303(d) list of impaired waters or have an approved TMDL? (Information regarding existing and proposed TMDLs can be obtained from the Water Quality Section website at http://www.adeq.state.ar.us/water/branch_planning/.)

Yes No N/A If yes, list the Receiving Stream(s): _____

Does the storm water discharge adversely affect a listed endangered or threatened species or its critical habitat?

Yes No N/A If yes, list the endangered or threatened species: _____

Does the facility have a storm water pollution prevention plan? Yes No
(DO NOT SUBMIT A COPY OF THE PLAN)

Does the facility have EXISTING sampling data describing its storm water discharge(s)? Yes No
(DO NOT SUBMIT DATA)

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199

VI. OUTFALL INFORMATION

Outfall Type: 000 Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Outfall (e.g.,
Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for definitions.)

Number of Outfalls of this Type: 1

Stream Segment: 2 F

Hydrologic Basin Code: 08040102

Outfall Latitude: 34 degrees 25 minutes 49.54 seconds

Outfall Longitude: 92 degrees 49 minutes 49.05 seconds

Accuracy: D Method: A Datum: U Scale: U

Description: 01099

Section: 28 Township: 3 south Range: 17 west

Receiving Stream: unnamed tributary of the Ouachita River, thence into the Oachita River

Outfall Type: 0 Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Outfall (e.g.,
Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for definitions.)

Number of Outfalls of this Type: _____

Stream Segment: _____

Hydrologic Basin Code: _____

Outfall Latitude: _____ degrees _____ minutes _____ seconds

Outfall Longitude: _____ degrees _____ minutes _____ seconds

Accuracy: _____ Method: _____ Datum: _____ Scale: _____

Description: _____

Section: _____ Township: _____ Range: _____

Receiving Stream: _____

VII. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR0049611

NPDES General Permit Number (If Applicable): ARG

NPDES General Industrial Storm Water Permit Number (If Applicable): ARR000000

NPDES General Construction Storm Water Permit Number (If Applicable): ARR150000 ARR10C228

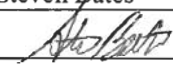
Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199

VIII. CERTIFICATION OF PERMITTEE (See Part III.B of the general permit)

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

"I certify that a storm water pollution prevention plan has been developed in accordance with Part III.A.1 of the general permit."

"I certify that the cognizant official designated in this Notice of Intent (Section IX) is qualified to act as a dully 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 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 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: Steven Bates Title: Plant Manager
Signature:  Date: April 12, 2006

IX. COGNIZANT OFFICIAL (Person having responsibility for overall operation of the facility, see Part III.B.8 of the permit.)

Typed or Printed Name: Steven Bates Title: Plant Manager
Signature:  Telephone: 501-467-3232 x 102

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit application requirements.

	Yes	No
NOI signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of an Original NOI with an Original Signature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Check Number: 1833