



6-CKI-

P.O. Box 21734  
Shreveport, LA 71151-1734  
T 318 429-2700

August 5, 2013

ADEQ  
Permits Branch, Water Division  
5301 Northshore Drive  
North Little Rock, AR  
72118

RE: Pipeline Hydrostatic Testing Discharge Notice of Intent (NOI)  
Permit Fee - Enable Gas Transmission, LLC<sup>1</sup>  
Line BT-14 Pipeline Segment Replacement Project.

Dear Sir or Madame:

Please find enclosed the NOI for the above referenced project. Check #1100317 in the amount of \$200.00 is attached with this letter for the permit fee.

If you have any questions or need additional information, please feel free to contact me at 318-429-3211.

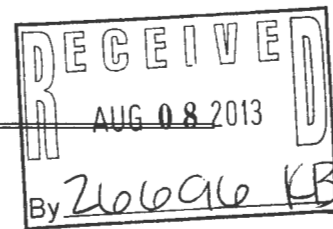
Respectfully submitted,



John J. Reisz  
Environmental Specialist

<sup>1</sup>Effective July 30, 2013, CenterPoint Energy Gas Transmission Company, LLC changed its name to Enable Gas Transmission, LLC.

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



Application Type: New  Renewal  Permit # ARG670000  
AFIN# 15-00000

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Enable Gas Transmission, LLC Operator Type:  
Permittee Mailing Address: P. O. Box 21734  State  Partnership  
Permittee City: Shreveport  Federal  Corporation\*  
Permittee State: Louisiana Zip: 71151  Sole Proprietorship/Private  
Permittee Telephone Number: 318-429-3211 \*State of Incorporation: Delaware  
Permittee Fax Number: 318-429-3927 The legal name of the Permittee must be  
Permittee E-mail Address: John.reisz@centerpointenergy.com identical to the name listed with the  
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: John Reisz City: Houston  
Invoice Mailing Company: Enable Midstream Partners, LLC State: TX Zip: 77210  
Invoice Mailing Address: P. O. Box 4567 Telephone: 713-207-7888

III. FACILITY INFORMATION

Facility Name: Line BT-14 Facility Contact Person: Harold Modisette  
Facility Address: 35.0746 / -92.4312 Contact Title: Lead Construction Specialist  
Facility County: Conway Contact Telephone Number: 870-769-2286  
Facility City, State & Zip: Conway, AR 72016 Contact E-mail: Harold.modisette@centerpointenergy.com  
Facility SIC Code: 4922 Facility NAICS Code: 486210 Type of Business: Natural Gas Transmission  
Facility Latitude: 35 Deg 04 Min 28 Sec Facility Longitude: -92 Deg 25 Min 52Sec  
Accuracy: Unknown Method: Unknow Datum: NAD Scale: 1:24000 Description: Release Point  
Section: 18 Township: 5 N Range: 13 W

IV. DISCHARGE INFORMATION

Is the permittee capable of meeting the applicable effluent limits and conditions of the general permit?  
 Yes  No\*

\*If the answer is NO, do not submit the NOI for permit coverage.

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**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00 N/A  
NPDES General Permit Number (If Applicable): ARG670000  
State Construction Permit Number (If Applicable): N/A  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15 N/A

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**VI. OTHER INFORMATION:**

Additional Location Description: N/A  
Additional Comments: N/A  
Consultant Contact Name: N/A  
Consultant Email Address: N/A  
Consultant Address: N/A City: N/A State: N/A Zip: N/A  
Consultant Phone Number: N/A Consultant Fax Number: N/A

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**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](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

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**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>1100317</u>
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

WATER DIVISION  
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
[www.adeq.state.ar.us](http://www.adeq.state.ar.us)

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**VIII. CERTIFICATION OF OPERATOR**

*DR* (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
*DR* (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."  
*DR* (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: Debra Ristig Title: Division Vice President Environmental & Safety  
Responsible Official Signature: *Debra Ristig* Date: 8/5/13  
Responsible Official Email: *DR* debraristig@centerpointenerg.com

Cognizant Official Printed Name: John Reisz Title: Environmental Specialist  
Cognizant Official Signature: *John Reisz* Date: 8/5/13  
Cognizant Official Email: John.reisz@centerpointenerg.com Telephone: 318-429-3211

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## General Permit Route Sheet

Facility Name		Line BT-14	
Permit Number		ARG 670777	AFIN NO.* 15-23-01173
Stream Segment:	38	Receiving Stream:	DT: <del>Dalman Creek</del> <del>Green</del> <del>Stone</del> <del>Dam</del> <del>Creek</del>
Assigned	Activity	Initials	Date Complete/Entered
Sect.	Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)	KB	N/A
Engineer	Completeness and Technical Review/Enter permit information into Database (3-days)	<del>KB</del>	8-9-13
AA (Max of 5 business days)	AFIN request (1-day)	TB	8/12
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	TB	8/12
	Complete Invoice Request Form and submit Invoice Request (same day)	TB	8/12
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	TB	8/12
Engineer	Review/organize folder for scanning (1-day)	<del>KB</del>	8-13-13
Engineer Supervisor	Review all the documents/permits/perform technical review for the proposed project. (1-day)	TB	8-13-13
Assistant Chief	Review the documents and sign the authorization letter or the permit. (1-day)		
AA	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	TB	8/13/13
Sect.	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to include this permit in weekly report, due every Tuesday by 2:00 P.M.	KB	8-14-13

REMARKS: \_\_\_\_\_