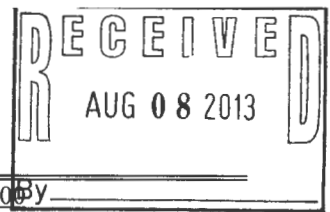


ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
PIPELINE HYDROSTATIC TESTING DISCHARGE  
NPDES GENERAL PERMIT ARG670000



Application Type: New  Renewal  Permit # ARG670000 BY \_\_\_\_\_  
AFIN# 42-00000

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, LP State: TX Zip: 77210  
Invoice Mailing Address: P. O. Box 4567 Telephone: 713-207-7888

III. FACILITY INFORMATION

Facility Name: Line J-148 Facility Contact Person: Harold Modisette  
Facility Address: 35.294249 / -93.383032 Contact Title: Lead Construction Specialist  
Facility County: Logan Contact Telephone Number: 870-769-2286  
Facility City, State & Zip: New Blaine, AR 72851 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 17 Min 39 Sec Facility Longitude: -93 Deg 22 Min 58 Sec  
Accuracy: Unknown Method: Unknow Datum: NAD Scale: 1:24000 Description: Release Point  
Section: 6 Township: 7 N Range: 22 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.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
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<b>Outfall Number:</b>	001 (Map (1))					
<b>Stream Segment:</b>	11110202					
<b>Hydrologic Basin Code:</b>	3H					
<b>Outfall Latitude:</b>	35.294249	°	N/A	<input type="checkbox"/> N/A	N/A	<input type="checkbox"/> N/A
<b>Outfall Longitude:</b>	-93.383032	°	N/A	<input type="checkbox"/> N/A	N/A	<input type="checkbox"/> N/A
<b>County:</b>	Logan					
<b>Start Date:</b>	September 1, 2013	<b>End Date:</b>	November 30, 2013	N/A		
<b>Name of Receiving Stream:</b>	Unnamed tributary of Mill Creek					
<b>Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams.</b>	No					
<b>Estimated Volume of Discharge:</b>	2000 (.0020 MGD)			gallons		
<b>Estimated Rate of Discharge:</b>	200 Gallons / minute (GPM)			MGD		
<b>Source of Test Water:</b>	Municipal Water New Blaine Arkansas					
<b>Pipeline/Vessel:</b>	<input type="checkbox"/> Used <input checked="" type="checkbox"/> Virgin <input type="checkbox"/> Other _____ N/A _____					
<b>Describe material from which pipeline/vessel was constructed:</b>	Steel					
<b>Type of fluid normally contained/transported through pipe/vessel:</b>	Natural Gas					
<b>Are Corrosion Inhibitors Used?:</b>	No					
<b>Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

<b>Outfall Number:</b>	N/A					
<b>Stream Segment:</b>	N/A					
<b>Hydrologic Basin Code:</b>	N/A					
<b>Outfall Latitude:</b>	N/A	°	N/A	<input type="checkbox"/> N/A	N/A	<input type="checkbox"/> N/A
<b>Outfall Longitude:</b>	N/A	°	N/A	<input type="checkbox"/> N/A	N/A	<input type="checkbox"/> N/A
<b>County:</b>	N/A					
<b>Start Date:</b>	N/A	<b>End Date:</b>	N/A	N/A		
<b>Name of Receiving Stream:</b>	N/A					
<b>Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams.</b>	N/A					
<b>Estimated Volume of Discharge:</b>	N/A			N/A		
<b>Estimated Rate of Discharge:</b>	N/A			MGD		
<b>Source of Test Water:</b>	N/A					
<b>Pipeline/Vessel:</b>	<input type="checkbox"/> Used <input type="checkbox"/> Virgin <input type="checkbox"/> Other _____ N/A _____					
<b>Describe material from which pipeline/vessel was constructed:</b>	N/A					
<b>Type of fluid normally contained/transported through pipe/vessel:</b>	N/A					
<b>Are Corrosion Inhibitors Used?:</b>	N/A					
<b>Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A					

WATER DIVISION  
 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
 PHONE 501-682-0623 / FAX 501-682-0880  
 www.adeg.state.ar.us

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
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Additional Outfalls can be added using separate attached pages.

**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

**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

**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.adeg.state.ar.us/disclosure\\_stmt.pdf](http://www.adeg.state.ar.us/disclosure_stmt.pdf).

**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>1100318</u>
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exempt: See enclosed financial report.

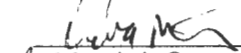
WATER DIVISION  
 5301 NORTSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
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[www.adeg.state.ar.us](http://www.adeg.state.ar.us)

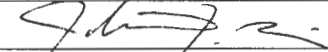
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**VIII. CERTIFICATION OF OPERATOR**


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."  
JR (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:  Date: 8/5/13  
Responsible Official Email: debraristig@centerpointenerg.com

Cognizant Official Printed Name: John Reisz Title: Environmental Specialist  
Cognizant Official Signature:  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 J-48	
Permit Number		ARG 670778	AFIN NO.* 42-00413
Stream Segment:	3H	Receiving Stream:	unnamed trib to Mill Creek
Assigned HUC 11110202 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)	JT	8-12-13
AA (Max of 5 business days)	AFIN request (1-day)	JTB	8/12/13
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	JTB	8/12
	Complete Invoice Request Form and submit Invoice Request (same day)	JTB	8/12
	Prepare Authorization letter and attach appropriate permit, forms (1-day)		
Engineer	Review/organize folder for scanning (1-day)	JT	8-12-13
Engineer Supervisor	Review all the documents/permits/perform technical review for the proposed project. (1-day)		8-14-13
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)	JTB	8/16
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	8-16-13

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