

**NOTICE OF INTENT
 PIPELINE HYDROSTATIC TESTING DISCHARGE
 NPDES GENERAL PERMIT ARG6700000**

APPLICANT INFORMATION	PROJECT INFORMATION
1. Legal Name of Applicant (Operator): Martin Operating Partnership, LP	1. Name of the Project: Tank 350 hydrostatic test
2. Applicant Legal Address: 484 East 6 th Street	2. Project Physical Location: 484 East 6 th Street
3. Applicant City: Smackover	3. Project City: Smackover
4. State: AR Zip: 71762	4. State: AR Zip: 71762
5. Applicant Telephone Number: (870) 881-8700	6. Project Contact Person and Telephone: Contact Person Name: Lauren Derrick
6. Applicant Type (check one): (Note Certification) <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation* *State of Incorporation:	Contact Person Title: Environmental Specialist Contact Person Telephone Number: (870) 864-7550
7. Permit and DMR send to: ATTN: Charles Clark	10. Project Latitude: <u>33° 21' 51.25"</u> Longitude: <u>92° 43' 3.65"</u>
Address: 484 East 6 th Street	12. Additional Project Location Information: Section: Township: 16S Range: 16W
City: Smackover	Project County: Union
State: AR Zip: 71762	13. Facility/Project NAICS Codes: 32411 Type of Business: Petroleum Refining
8. Cognizant Official: Charles Clark	
Cognizant Title: Director of Public & Govt Affairs	
Cognizant Telephone: (870) 864-8608	
OUTFALL INFORMATION	
1. Outfall Number: 003	4. Estimated Volume of Discharge: <u>672,000</u> gallons
(a) Stream Segment: 2D	5. Estimated Rate of Discharge: 0.1 MGD
(b) Hydrologic Basin Code: 8040201	6. Source of Test Water: treated process water
(c) Outfall Latitude: <u>33° 21' 44.0"</u> Longitude: <u>92° 42' 42.5"</u>	7. Pipeline/Vessel: <input type="checkbox"/> USED <input checked="" type="checkbox"/> VIRGIN <input type="checkbox"/> OTHER: _____
(d) Section: _____ Township: <u>16S</u> Range: <u>16W</u>	8. Describe material from which pipeline/vessel was constructed: Steel
(e) County: Union	9. Type of fluid normally contained/transported through pipe/vessel: treated lube oil
(f) Start Date: <u>November 15, 2013</u> End Date: <u>November 30, 2013</u>	10. Corrosion Inhibitors used: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, brief description (Including any potentially toxic constituents)
2. Name of Receiving Stream: Tributary to Smackover Creek	
3. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, list the Receiving Stream(s): Smackover Creek	

Arkansas Department of Environmental Quality
Permits Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118
(501) 682-0623

1. Outfall Number:	4. Estimated Volume of Discharge: _____ gallons
(a) Stream Segment:	5. Estimated Rate of Discharge: _____ MGD
(b) Hydrologic Basin Code:	6. Source of Test Water:
(c) Outfall Latitude: _____° _____' _____" Longitude: _____° _____' _____"	7. Pipeline/Vessel: <input type="checkbox"/> USED <input type="checkbox"/> VIRGIN <input type="checkbox"/> OTHER: _____
(d) Section: _____ Township: _____ Range: _____	8. Describe material from which pipeline/vessel was constructed:
(e) County:	9. Type of fluid normally contained/transported through pipe/vessel:
(f) Start Date: _____ End Date: _____	10. Corrosion Inhibitors used: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, brief description (Including any potentially toxic constituents)
2. Name of Receiving Stream:	
3. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, list the Receiving Stream(s):	

ADDITIONAL OUTFALLS CAN ADDED USING SEPARATE ATTACHED PAGES.


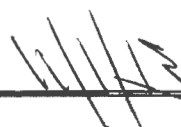
ADDITIONAL PERMIT INFORMATION

1. Is the permittee capable of meeting the applicable effluent limits and conditions of the general permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO* * If the answer is NO, DO NOT submit the NOI for permit coverage.
2. Facility has Individual NPDES Permit: <input checked="" type="checkbox"/> YES (Permit Number <u>AR0000591</u>) <input type="checkbox"/> NO
3. Disclosure Statement: 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

CERTIFICATION

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

"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. 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."

Typed or Printed Name: Charles Clark	Title: Director of Public & Govt Affairs
Signature: 	Date: 

ADDITIONAL INFORMATION

1. Additional location description: _____

2. Additional Comments: _____

Permittee please check the following:

Complete NOI:	Yes	NO	Disclosure:	Yes	NO	Map:	Yes	NO	Fee:	Yes	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>



CK# 1403

November 4, 2013

Arkansas Department of Environmental Quality
Permits Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118

Re: Notice of Intent
NPDES General Permit ARG6700000, Hydrostatic Testing Discharge
Martin Operating Partnership, L.P.,
Smackover, AR
ALTEC Project No.: 20196

Dear Sir/Madam:

ALTEC Environmental Consulting, LLC (ALTEC), on behalf of our client, Martin Operating Partnership, L.P. (MOP), is pleased to submit this Notice of Intent requesting coverage under NPDES general permit ARG6700000 for Pipeline Hydrostatic Testing Discharge and a check (No. 1403) in the amount of \$200.00. The testing will start in late November, with an estimated 5-7 days of discharge.

In lieu of completing the disclosure statement as required in Arkansas Code Annotated Section 8-1-106, ALTEC is submitting the most recent annual and quarterly report required by the Securities and Exchange Commission, providing information regarding legal proceedings in which the applicant has been involved.

If you have any questions, please contact me at (318) 687-3771.

Sincerely,

A handwritten signature in cursive script that reads "David Scott".

David Scott, P.E. (LA, SC)
Engineer

Enclosures



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LLC Member information is now confidential per Act 865 of 2007

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For service of process contact the [Secretary of State's office](#).

Corporation Name	MARTIN OPERATING PARTNERSHIP L.P.
Fictitious Names	CROSS PACKAGING MARTIN LUBRICANTS
Filing #	100216770
Filing Type	Foreign Limited Partnership
Filed under Act	Foreign LP; 657 of 1979
Status	Good Standing
Principal Address	4200 B STONE RD KILGORE, AR 75662
Reg. Agent	THE CORPORATION COMPANY
Agent Address	124 WEST CAPITOL AVENUE SUITE 1900 LITTLE ROCK, AR 72201
Date Filed	08/12/2002
Officers	SEE FILE, Incorporator/Organizer WESLEY M SKELTON , Vice-President
Foreign Name	N/A
Foreign Address	1209 ORANGE STREET WILMINGTON, 19801
State of Origin	DE
Purchase a Certificate of Good Standing for this Entity	Pay Franchise Tax for this corporation



TITLE

AERIAL PHOTOGRAPH

LOCATION

MARTIN OPERATING PARTNERSHIP, LP
 OUTFALL 003 LOCATION
 HYDROSTATIC TESTING DISCHARGE PERMIT
 SMACKOVER, ARKANSAS

LEGEND

⊕ OUTFALL LOCATION

GPS LOCATION
 33° 21' 40.59" N
 92° 42' 45.88" W



PROJECT NO. SCALE

20196 1" = 200'

PAGE DRAWN BY

1 LNJ

SHEET DATE

A - 8.5 X 11 11/01/13

F:\Drawings\Martin Project\Cross DM\Hydrostatic Permit\02196 Outfall\0302196 Aerial Photograph.dwg



TITLE

TOPOGRAPHIC MAP

LOCATION

MARTIN OPERATING PARTNERSHIP, LP
OUTFALL 003 LOCATION
HYDROSTATIC TESTING DISCHARGE PERMIT
SMACKOVER, ARKANSAS

LEGEND

⊕ OUTFALL LOCATION

GPS LOCATION
33° 21' 40.59" N
92° 42' 45.86" W



PROJECT NO. SCALE

20196 1" = 1000'

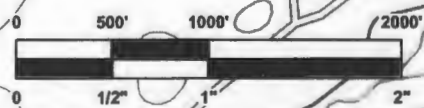
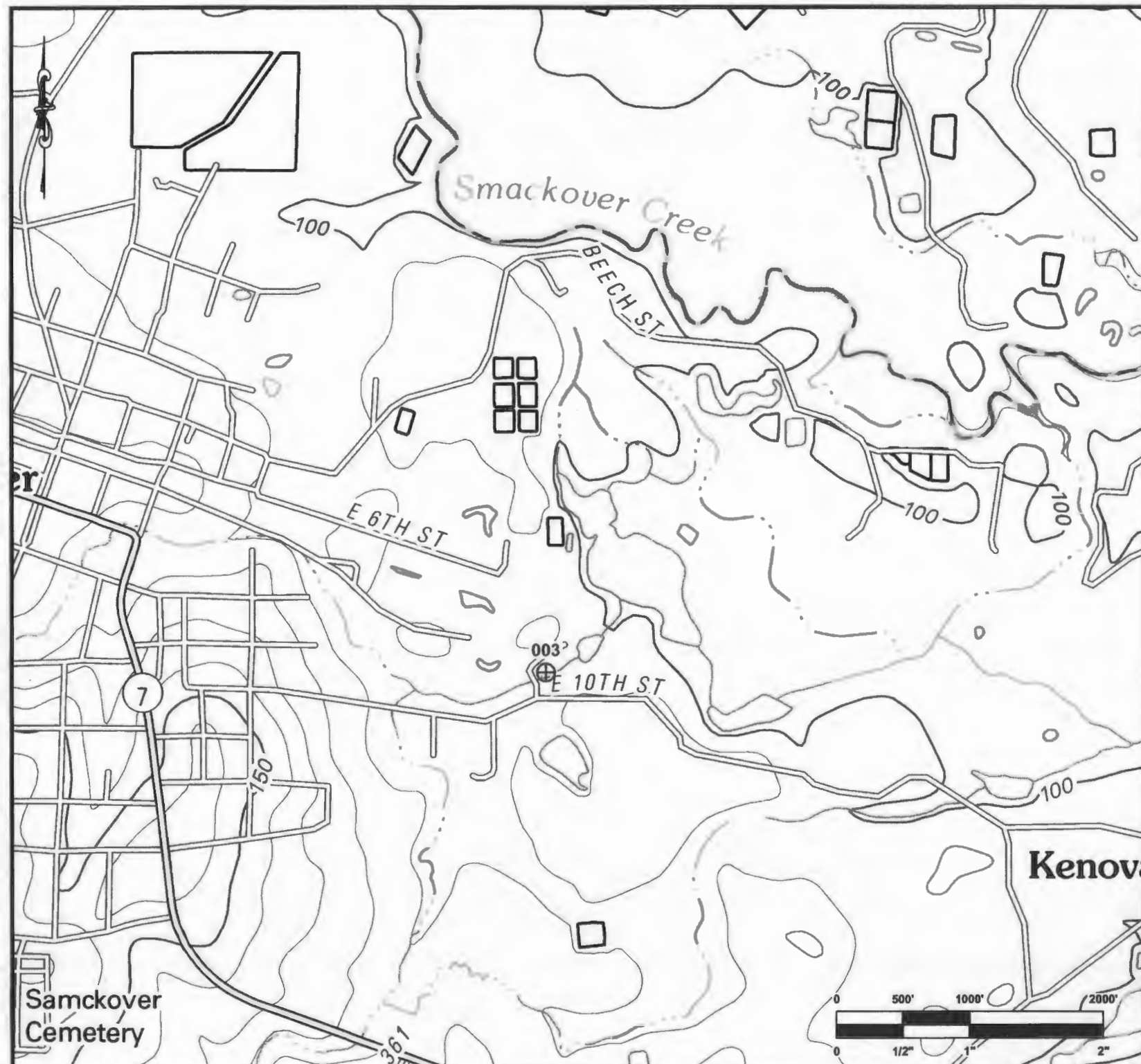
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1 LNJ

SHEET DATE

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Department of State: Division of Corporations

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Entity Details

<u>File Number:</u>	3539954	<u>Incorporation Date /</u>	06/21/2002
		<u>Formation Date:</u>	(mm/dd/yyyy)
<u>Entity Name:</u>	MARTIN OPERATING PARTNERSHIP L.P.		
<u>Entity Kind:</u>	LIMITED PARTNERSHIP (LP)	<u>Entity Type:</u>	GENERAL
<u>Residency:</u>	DOMESTIC	<u>State:</u>	DE
<u>Status:</u>	GOOD STANDING	<u>Status Date:</u>	06/01/2004

REGISTERED AGENT INFORMATION

<u>Name:</u>	THE CORPORATION TRUST COMPANY		
<u>Address:</u>	CORPORATION TRUST CENTER 1209 ORANGE ST		
<u>City:</u>	WILMINGTON	<u>County:</u>	NEW CASTLE
<u>State:</u>	DE	<u>Postal Code:</u>	19801
<u>Phone:</u>	(302)658-7581		

Additional Information is available for a fee of \$20.00. This information will include current franchise tax assessment, current filing history and more..

Would you like [Tax & History Information](#)

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To contact a Delaware Online Agent [click here](#).

ADEQ has removed the submitted disclosure statement, to protect confidential information.

It has been scanned into a secure location.

A redacted copy will be added as a separate document by Legal Division.

General Permit Route Sheet

Facility Name		Tank 350 Hydrostatic Test	
Permit Number		ARG 670785	AFIN NO.* 70-00039
Stream Segment:	2D	Receiving Stream:	unnamed trib to Holmes Creek
Assigned	HMC 8040201	Activity	
		Initials	Date Complete/Entered
Sect.	Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)		N/A
Engineer	Completeness and Technical Review/Enter permit information into Database (3-days)		JH 11-8-13
AA (Max of 5 business days)	AFIN request (1-day)		JH 11/12
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)		JB 11/12
	Complete Invoice Request Form and submit Invoice Request (same day)		JB 11/12
	Prepare Authorization letter and attach appropriate permit, forms (1-day)		JB 11/12
Engineer	Review/organize folder for scanning (1-day)		SC 11/12
Engineer Supervisor	Review all the documents/permits/performs technical review for the proposed project. (1-day)		[Signature] 11/13
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)		JB 11/18
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 11-19-13

REMARKS: _____