



January 30, 2014

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.: 20197

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. 1430) in the amount of \$200.00. The testing will start in February, and due to the number of tanks that will be moved, the testing will take place over an extended period of time.

For this application, vessels that have been previously used and vessels that are of virgin materials will undergo hydrostatic testing; MOP understands that for the used vessels, sampling for TOC, BTEX and Benzene will be required in addition to the routine testing for flow, TSS, O&G and pH.

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



ARKANSAS  
Department of Environmental Quality

NOTICE OF INTENT

NPDES GENERAL PERMIT ARG6700000

HYDROSTATIC TESTING DISCHARGE

The attached form can be used by all persons desiring coverage under NPDES general permit ARG6700000 for Pipeline Hydrostatic Testing Discharge. The form should be completed and submitted to this Department no later than ten (10) days prior to the date coverage is desired. Unless notified in writing by the Director within ten (10) days of a **complete** submission, operators are authorized to discharge under this general permit. Authorized discharges must be in compliance with all conditions of the permit (**Request a copy if needed**).

In accordance with ADEQ Regulation No. 9, a permit fee of **\$200** must accompany this Notice of Intent at the time of submission. Failure to remit the required fee may be grounds for the Director to deny coverage under this general permit and require the owner or operator to apply for an individual permit.

All information must be provided. If a question does not apply, place "NA" in that space. Do not leave questions blank.

Be sure to read the Permit No. ARG6700000. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions that are applicable to this permit.

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if the authorization is made in writing by the applicant (or person authorized by the applicant); the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or position of equal responsibility for environmental matters for the company; and the written authorization is submitted to the Director. This Notice of Intent must be signed by a person authorized under the provisions of state and federal law, and who should be familiar with the provisions of 40 CFR 122.22 pertaining to signatory authority. Be sure to read the Certification.

If you have any questions concerning the ARG6700000 permit information or Notice of Intent, please contact the General Permits Section of the Water Division at (501) 682-0623.

REMEMBER THE FOLLOWING:

1. The Notice of Intent (NOI) must be complete. Do not leave any question blank; use "NA" if a question is not applicable. Outfall information must be completed; it cannot be blank or "NA".
2. A map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.
3. Read the Certification.
4. A \$200.00 Check payable to ADEQ (Re: ARG6700000)
4. Please call the following number if you have any questions on this Form:

Topic	Contact Person	Phone Number
Area Map and USGS Hydrologic Unit Code	Department of the Interior United States Geological Survey	(501) 296-1877
Domestic Drinking Water Supply Intake	Department of Health	(501) 661-2623
General Information	ADEQ, Water Division, General Permits Section	(501) 682-0623

WATER DIVISION

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 / PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

ARG670000 NOI / Revision date 6/30/2008

# ADEQ

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WATER DIVISION

5301 NORTSHORE 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)

ARG670000 NOI / Revision date 6/30/2008



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INSTRUCTIONS

I. How to Determine Latitude and Longitude:

1. If a physical address is known go to [www.terraserver-usa.com](http://www.terraserver-usa.com).
2. Select Advanced Find
3. Select Address
4. Input address
5. Click on Aerial Photo
6. Click on the Info link at the top of the page
7. Note the Latitude and Longitude are in Decimal Coordinates.
8. Go to [www.geology.enr.state.nc.us/gis/latlon.html](http://www.geology.enr.state.nc.us/gis/latlon.html) to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

II. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 5.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

III. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 5.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

IV. **Signatory Requirements:** The information contained in this form must be certified by a ***responsible official*** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

**Corporation**, a principal officer of at least the level of vice president, treasurer

**Partnership**, a general partner

**Sole proprietorship**: the proprietor

**Municipal, state, federal, or other public facility**: principal executive officer, or ranking elected official

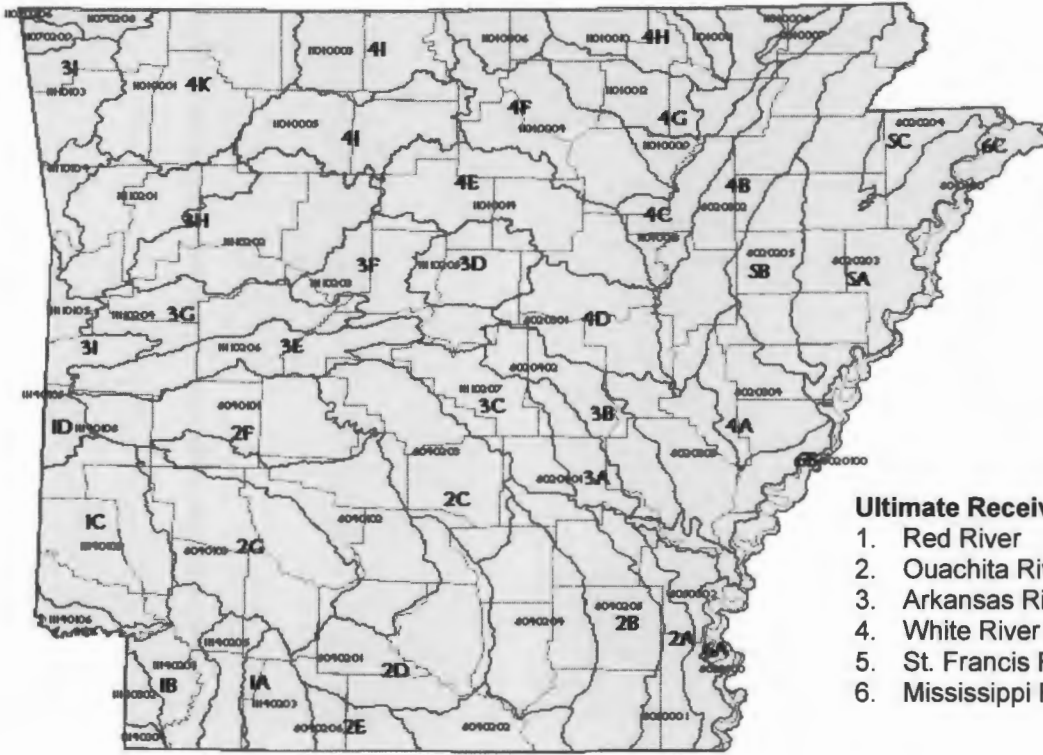
WATER DIVISION

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)

ARG670000 NOI / Revision date 6/30/2008

# ADEQ

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### Ultimate Receiving Waters

1. Red River
2. Ouachita River
3. Arkansas River
4. White River
5. St. Francis River
6. Mississippi River

### WATER DIVISION

5301 NORTHSORE 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)

ARG670000 NOI / Revision date 6/30/2008

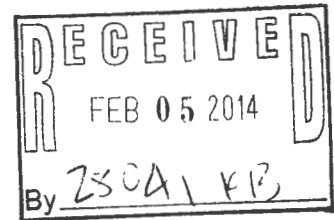
**ADDITIONAL INFORMATION**

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"/>



**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: Multiple Tank Hydrostatic Testing Project
2. Applicant Legal Address: 484 East 6 <sup>th</sup> Street	2. Project Physical Location: 484 East 6 <sup>th</sup> 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 Address: 484 East 6 <sup>th</sup> Street City: Smackover State: AR Zip: 71762
8. Cognizant Official: Charles Clark Cognizant Title: Director of Public & Govt Affairs Cognizant Telephone: (870) 864-8608	12. Additional Project Location Information: Section: Township: 16S Range: 16W Project County: Union
	13. Facility/Project NAICS Codes: 32411 Type of Business: Petroleum Refining
OUTFALL INFORMATION	
1. Outfall Number: 003	4. Estimated Volume of Discharge: <u>3,829,676</u> gallons
(a) Stream Segment: 2D	5. Estimated Rate of Discharge: 0.05 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 checked="" 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>February 10, 2014</u> End Date: <u>June 30, 2018</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: 002	4. Estimated Volume of Discharge: <u>513,933</u> gallons
(a) Stream Segment: 2D	5. Estimated Rate of Discharge: 0.05 MGD
(b) Hydrologic Basin Code: 8040201	6. Source of Test Water: treated process water
(c) Outfall Latitude: <u>33° 21' 52.52"</u> Longitude: <u>-92° 42' 42.87"</u>	7. Pipeline/Vessel: <input checked="" 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>February 10, 2014</u> End Date: <u>June 30, 2018</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	
<b>ADDITIONAL OUTFALLS CAN ADDED USING SEPARATE ATTACHED PAGES.</b>	
<b>ADDITIONAL PERMIT INFORMATION</b>	
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, <b>DO NOT</b> 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. <b>Disclosure Statement:</b> 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: <a href="http://www.adeg.state.ar.us/disclosure_stmt.pdf">http://www.adeg.state.ar.us/disclosure_stmt.pdf</a>	
<b>CERTIFICATION</b>	
"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: <u>1/30/14</u>





*Search Incorporations, Cooperatives, Banks and Insurance Companies*

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LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

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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
<a href="#">Purchase a Certificate of Good Standing for this Entity</a>	<a href="#">Pay Franchise Tax for this corporation</a>

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**Entity Details**

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

**REGISTERED AGENT INFORMATION**

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

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](#).



TITLE

AERIAL PHOTOGRAPH

LOCATION

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

LEGEND

⊕ OUTFALL LOCATION

GPS LOCATION  
 33° 21' 51.37" N  
 92° 43' 3.69" W



PROJECT NO. SCALE

20197 1" = 200'

PAGE DRAWN BY

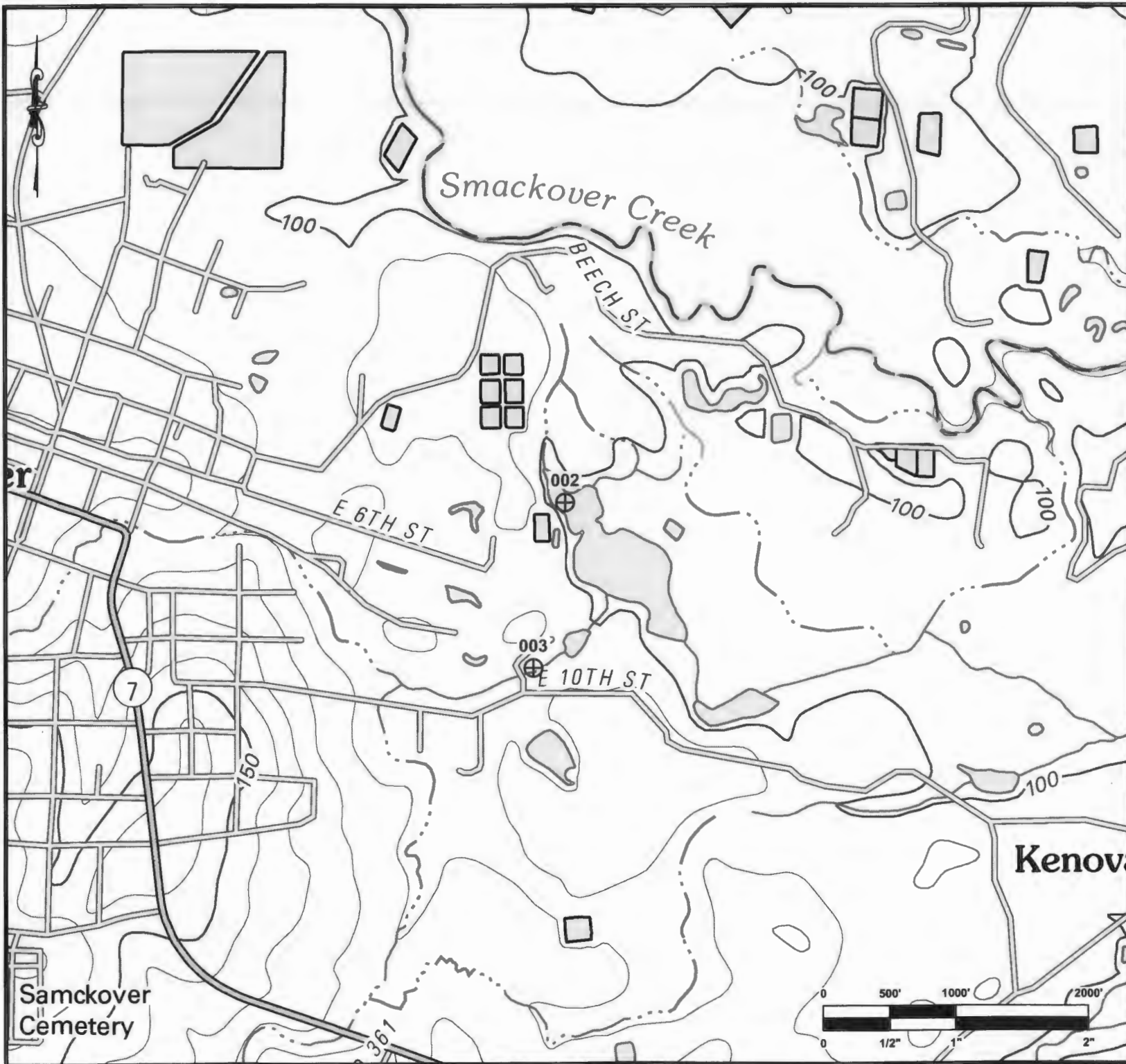
1 LGR

SHEET DATE

A - 8.5 X 11 01/23/14

F:\Drawings\Martin Projects\Cross Off Hydrostatic Permit\20197 Outfall Locations\20197 Aerial Photograph.dwg





TITLE

TOPOGRAPHIC MAP

LOCATION

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

LEGEND

⊕ OUTFALL LOCATION

GPS LOCATION  
 33° 21' 51.37" N  
 92° 43' 3.69" W



PROJECT NO. SCALE

20197 1" = 1000'

PAGE DRAWN BY

1 LGR

SHEET DATE

A - 8.5 X 11 01/23/14

F:\Drawings\Martin Projects\Creek Outfall\Hydrostatic Permits\20197 Outfall Locations\20197 Topographic Map.dwg

## General Permit Route Sheet

Facility Name		Multiple Tank	
Permit Number		ARG 070792	AFIN NO.* 70-00039
Stream Segment:	2D	Receiving Stream:	Smackover Creek → Cat 5a for 2nd DO SI
Assigned	HUC 8040201	Activity	
Sect.	Activity	Initials	Date Complete/Entered
	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	2-12-14
AA (Max of 5 business days)	AFIN request (1-day)	NA	
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	JB	2/12
	Complete Invoice Request Form and submit Invoice Request (same day)	JM	2/12
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	JM	2/12
Engineer	Review/organize folder for scanning (1-day)	JT	2-12-14
Engineer Supervisor	Review all the documents/permits/performs technical review for the proposed project. (1-day)	JB	2-13 <del>2/13</del> 2/14
Assistant Chief	Review the documents and sign the authorization letter or the permit. (1-day)	JB	<del>2/13</del> 2/14
AA	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	JB	2/14
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.		

received in Jessica's cubicle 2-11-14

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