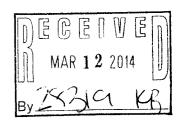
Arkansas Department of Environmental Quality Permits Branch, Water Division 5301 Northshore Drive North Little Rock, AR 72118 (501) 682-0623



NOTICE OF INTENT PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG6700000					
APPLICANT INFORMATION	PROJECT INFORMATION				
Legal Name of Applicant (Operator): SourceGas Arkansas Inc.	1. Name of the Project: Hwy 12 Replacement				
2. Applicant Legal Address: PO Box 13288	2. Project Physical Location:Hwy 12, between SW Gemstone Blvd and SW Winstead Lane				
3. Applicant City: Fayetteville	3. Project City: Bentonville				
4. State: AR Zip: 72703	4. State: AR Zip: 72712				
5. Applicant Telephone Number: 479-575-1458	6. Project Contact Person and Telephone:				
6. Applicant Type (check one): (Note Certification)	Contact Person Name: Amanda Swope				
☐ State ☐ Federal ☐ Partnership ☐ Sole Proprietorship ☐ Corporation*	Contact Person Title: EHS&T Coordinator				
*State of Incorporation: AR	Contact Person Telephone Number: 479-575-1458				
7. Permit and DMR send to:	10. Project Latitude: <u>36</u> ° <u>19</u> ° <u>58.17</u> "				
ATTN: Amanda Swope	Longitude: <u>94</u> ° <u>15</u> ' <u>30.77</u> "				
Address: PO Box 13288	12. Additional Project Location Information:				
City: Fayetteville	Section: 11 Township: 19 Range: 31				
State: AR Zip: 72703	Project County: Benton				
8. Cognizant Official: Amanda Swope	13. Facility/Project NAICS Codes: 2212				
Cognizant Title: EHS&T Coordinator	Type of Business: Natural gas distribution				
Cognizant Telephone: 479-575-1458					
OUTFALI	LINFORMATION				
1. Outfall Number: 1	4. Estimated Volume of Discharge: 2000 gallons				
(a) Stream Segment: 31	5. Estimated Rate of Discharge: 0.002 MGD				
(b) Hydrologic Basin Code: 11070200	6. Source of Test Water: Bentonville City Water				
(c) Outfall Latitude: <u>36</u> ° <u>20</u> ' <u>8.81</u> " Longitude: <u>94</u> ° <u>12</u> ' <u>58.84</u> "	7. Pipeline/Vessel: USED VIRGIN OTHER:				
(d) Section: <u>07</u> Township: <u>19</u> Range: <u>30</u>	8. Describe material from which pipeline/vessel was constructed: steel				
(e) County: Benton	9. Type of fluid normally contained/transported through pipe/vessel: natural gas				
(f) Start Date: 3/1/14 End Date: 3/1/15 2. Name of Receiving Stream: tributaries of Little Osage	10. Corrosion Inhibitors used: Yes \(\subseteq\) No \(\subseteq\) If yes, brief description (Including any potentially toxic constituents)				
Creek	Art antique 202/JD list of immigration to the second secon				
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? [Yes No N/A If yes, list the Receiving Stream(s):					

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1. Outfall Number: 2	4. Estimated Volume of Discharge: 5000 gallons				
(a) Stream Segment: 3I	Estimated Rate of Discharge: 0.005 MGD				
(b) Hydrologic Basin Code: 11070200	6. Source of Test Water: Bentonville City Water				
(c) Outfall Latitude: 36° 20' 9.31" Longitude: 94° 13' 37.41"	7. Pipeline/Vessel: USED VIRGIN OTHER:				
(d) Section: 12 Township: 19 Range: 31	8. Describe material from which pipeline/vessel was constructed: Steel				
(e) County: Benton	9. Type of fluid normally contained/transported through pipe/vessel: natural gas				
(f) Start Date: 3/1/14 End Date: 3/1/15 2. Name of Receiving Stream: tributaries of Little Osage	10. Corrosion Inhibitors used: Yes ☐ No ☒ If yes, brief description (Including any potentially toxic constituents)				
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? ☐ Yes ☐ N/A If yes, list the Receiving Stream(s):					
ADDITIONAL OUTFALLS CAN ADDED USING SEPARA	TE ATTACHED PAGES.				
ADDITIONAL PERMIT INFORMATION					
1. 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.					
2. Facility has Individual NPDES Permit: YES (Permit N	Number) 🔲 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:	Title:				
Doug Whitefoot	Senior Vice President, Operations				
Signature:	Date: 316114				

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ADDITIONAL INFORMATION								
1. Additional location description: See attached sheet								
2. Additional Comments:								
Permittee please check the following:								
Complete NOI:	Yes	NO	Yes Disclosure:	NO	Map:	Yes	NO	Yes NO Fee: 🛛 🗌

Received via email 3/20- fl

Additional Information:

Outfall Number: 3

Estimated Volume of Discharge: 2000

Stream Segment: 31

Estimated Rate of Discharge: 0.002 MGD

Hydrologic Basin Code: 11070200

Source of Test Water: Bentonville City Water

Outfall Latitude: 36°20'10.57"

Pipeline Vessel: Virgin

Longitude: 94°14′41.52

Section: 11 Township: 19 Range: 31

Material of construction: Steel

County: Benton

Type of fluid transported: Natural gas

Start Date: 3/1/14

Corrosion Inhibitors Used: No

End Date: 3/1/15

Name of Receiving Stream: Tributaries of Little Osage Creek

Are any of the Receiving Streams on the latest Clean Water Act Section 303(d) list? No

Outfall Number: 4

Estimated Volume of Discharge: 500

Stream Segment: 31

Estimated Rate of Discharge: 0.0005 MGD

Hydrologic Basin Code: 11070200

Source of Test Water: Bentonville City Water

Outfall Latitude: 36°20'16.74"

Pipeline Vessel: Virgin

Longitude:

94°15′13.80

Section: 11 Township: 19 Range: 31

Material of construction: Steel

County: Benton

Type of fluid transported: Natural gas

Start Date: 3/1/14

Corrosion Inhibitors Used: No

End Date: 3/1/15

Name of Receiving Stream: Tributaries of Little Osage Creek

Are any of the Receiving Streams on the latest Clean Water Act Section 303(d) list? No



ARKANSAS SECRETARY OF STATE Mark Martin

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For service of process contact the $\underline{\sf Secretary}$ of $\underline{\sf State's}$ office.

Corporation Name

SOURCEGAS ARKANSAS INC.

Fictitious Names

ASSOCIATED NATURAL GAS COMPANY

Filing #

100003980

Filing Type

For Profit Corporation

Filed under Act

Dom Bus Corp; 576 of 1965

Status

Good Standing

Principal Address

Reg. Agent

NATIONAL REGISTERED AGENTS, INC. OF AR

Agent Address

124 W CAPITOL AVE, STE 1900

LITTLE ROCK, AR 72201

Date Filed

06/05/1978

Officers

SEE FILE, Incorporator/Organizer KAREN HURST , Tax Preparer WILLIAM N CANTRELL , President MICHAEL NOONE , Secretary
DOUGLAS D WHITEFOOT , Vice-President

ANDREW J WALLS, Treasurer STEVE ROCHELEAU, Controller

Foreign Name

N/A

Foreign Address

State of Origin

N/A

Purchase a Certificate of Good Standing for this Entity

Pay Franchise Tax for this corporation



General Permit Route Sheet

HUC: 11110103 Facility Name Replacemen ARG (AFIN NO. Permit Number Stream Segment: Receiving Stream: innamed tr.b.t. k & 1, Hle Creek Date Complete/Entered **Initials Assigned** Activity Application Logged/Assign Tracking Number/Place in red folder with N/A Sect. appropriate route sheet and filing folders (1-day) Completeness and Technical Engineer Review/Enter permit information into Database (3-days) AA (Max of 5 AFIN request (1-day) business days) Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day) Complete Invoice Request Form and submit Invoice Request (same day) Prepare Authorization letter and attach appropriate permit, forms Review/organize folder for scanning (1-Engineer Review all the documents/permits/ Engineer perform technical review for the Supervisor proposed project. (1-day) Review the documents and sign the **Assistant** authorization letter or the permit. Chief (1-day) Enter Into PDS: Permit Status/Effective Date. AA Input effective date in access database. (1-day) Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to Sect. include this permit in weekly report, due every Tuesday by 2:00 P.M.

> sent ement to Amenda swope about missing into tot attalls 314.3/20 Received via email late 3/20

REMARKS:		