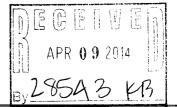
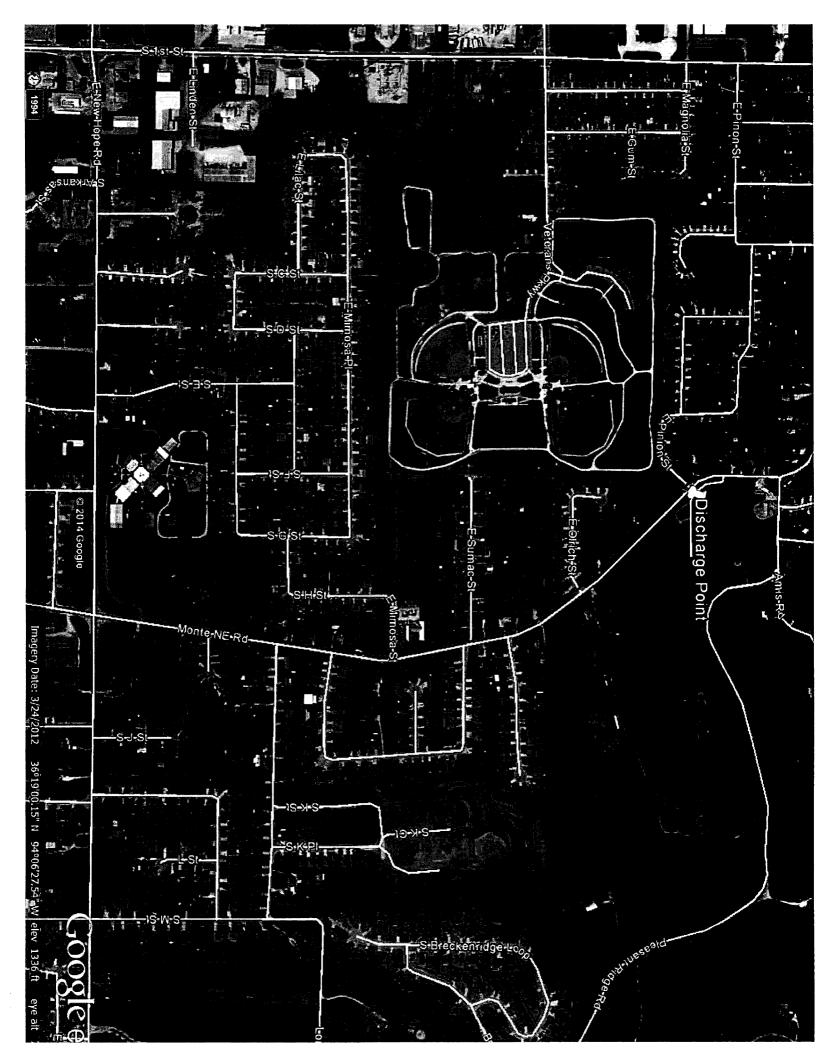
DocuSign Envelope ID: D6C124CC-9B63-4781-B5A6-B9F6123004FA Arkansas Department of Environmental Quality Permits Branch, Water Division 5301 Northshore Drive North Little Rock, AR 72118 (501) 682-0623



NOTICE OF INTENT PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG6700000					
APPLICANT INFORMATION	PROJECT INFORMATION				
1. Legal Name of Applicant (Operator): SourceGas Arkansas Inc.	1. Name of the Project: Monte Ne Road Relocation				
2. Applicant Legal Address: PO Box 13288	2. Project Physical Location: Along Monte Ne Road				
3. Applicant City: Fayetteville	3. Project City: Rogers				
4. State: AR Zip: 72703	4. State: AR Zip: 72758				
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	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° 19' 15.43</u> "				
ATTN: Amanda Swope	Longitude: <u>94° 6</u> ' <u>30.76</u> "				
Address: PO Box 13288	12. Additional Project Location Information:				
City: Fayetteville	Section: 18 Township: 19 Range: 29				
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					
OUTFAL	LINFORMATION				
1. Outfall Number: 1	4. Estimated Volume of Discharge: <u>1300</u> gallons				
(a) Stream Segment: 31	5. Estimated Rate of Discharge: 0.0013 MGD				
(b) Hydrologic Basin Code: 11110103	6. Source of Test Water: Rogers City Water				
(c) Outfall Latitude: <u>36° 19' 15.43</u> " Longitude: <u>94</u> ° <u>6' 30,76</u> "	7. Pipeline/Vessel: 🗌 USED 🛛 VIRGIN 🗌 OTHER:				
(d) Section: <u>18</u> Township: <u>19</u> Range: <u>29</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: <u>4/21/14</u> End Date: <u>4/21/15</u>	10. Corrosion Inhibitors used: Yes No X If yes, brief description (Including any potentially toxic constituents)				
2. Name of Receiving Stream: tributaries of Osage Creek					
	r Act section 303(d) list of impaired waters or have an approved TMDL? st the Receiving Stream(s):				

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 DocuSign Envelope ID: D6C124CC-9B63-4781-B5A6-B9F6123004FA Arkansas Department of Environmental Quality Permits Branch, Water Division 5301 Northshore Drive North Little Rock, AR 72118 (501) 682-0623

ADDITIONAL INFORMATION											
1. Additional location description:											
2. Additional Comn	nents:										
Permittee please c	heck the	e followir	ig:								
Complete NOI:	Yes	NO	Disclosure:	Yes	NO	Map:	Yes	NO	Fee:	Yes	NO





ARKANSAS SECRETARY OF STATE Mark Martin

Search Incorporations, Cooperatives, Banks and Insurance Companies

Printer Friendly Version LLC Member information is now confidential per Act 865 of 2007

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

Begin New Search

For service of process contact the <u>Secretary of State's office</u>.

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

Facility Name	,	NANIOLE NIO	Real			
		Monte Ne	Foad			
Permit Number		ARG 670795	AFIN NO.*	DA-02226		
Stream Segment: 35		S Receiving Stream:	Orage Creek			
Assigned			Initials	Date Complete/Entered		
Sect. Sect. Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)		KB	N/A			
Engineer	Review/Er	ness and Technical nter permit information into (3-days)	AK	4/16		
AA (Max of 5 business days)	AFIN request (1-day)		512	4116		
	PDS and	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)		YUL		
		Invoice Request Form and voice Request (same day)	512	4116		
		Authorization letter and propriate permit, forms	(12)/	4/16		
Engineer	Review/or day)	ganize folder for scanning (1-	AK	4/16		
Engineer Supervisor	perform t	l the documents/permits/ technical review for the project. (1-day)	T's	4/17		
Assistant Chief		e documents and sign the tion letter or the permit.				
AA	Status/Et	o PDS: Permit ffective Date. ective date in access . (1-day)	JB	497		
Sect.	folder and folders. l include th	nal to applicant. Scan complete d place in appropriate E-drive Jpdate Zylab. Be sure to his permit in weekly report, v Tuesday by 2:00 P.M.	KB	4-23		

REMARKS: _____