

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

Mail to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

Hand Deliver to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division (s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

SourceGas Arkansas Inc.

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :

PO Box 13288

3. CITY, STATE, AND ZIPCODE:

Fayetteville, AR 72703-1002

4. (check all that apply.)

- Individual Corporate or Other Entity
- Permit License Certification Operational Authority
- New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
- Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste
- Environmental Preservation and Technical Service

5. Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement filed with ADEQ on _____

Signature of Individual or Authorized Representative of Firm or Legal Entity
(Also complete #18.)

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

SourceGas Arkansas Inc. operated as Arkansas Western Gas Company prior to July 1, 2011, and has held numerous air, water, hazardous waste, UST, stormwater, and hydrostatic testing permits since 1991. Currently SourceGas Arkansas Inc. operates several natural gas compressor stations and a LNG plant under GOP, SIP and Title V permits. These air permits are 1359-AR-3, 1447-AR-4, 1551-A, 1868-AGP-018, 1868-AGO-285, 1868-AGP-019, 1868-AGP-262, 1868-AGP-123, 1310-AOP-R2, 1185-AOP-R5, 1450-AOP-R3, 1378-AOP-R3, and 1972-AOP-R2.

There are 2 facilities with USTs: 470016137 and 720000015.

Active hazardous waste generator permitted facilities include: AR0000024505, ARD983287871, ARD983286642, ARR000002360, and ARD983288325.

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

ADEQ Consent Administrative Order LIS: 10-064, Davis Compressor Station, AFIN: 24-00090

ADEQ Consent Administrative Order LIS: 12-048, SourceGas Operations Facility, AFIN: 72-00792

ADEQ Consent Administrative Order LIS: 12-131, Davis Compressor Station, AFIN: 24-00090

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: William Cantrell TITLE: CEO

STREET: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

NAME: Michael Noone TITLE: President

STREET: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

NAME: Douglas Whitefoot TITLE: Sr. Vice President, Operations

STREET: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: William Cantrell TITLE: CEO

STREET: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

NAME: Michael Noone TITLE: President

STREET: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: none TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: n/a TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

8. (Continued)

NAME: Richard Ostberg TITLE: CFO

ADDRESS: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, Colorado 80401

NAME: Timothy Knapp TITLE: Vice President, General Counsel, Secretary

ADDRESS: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, Colorado 80401

NAME: Greg Toth TITLE: Vice President, Customer Care and Growth

ADDRESS: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, Colorado 80401

NAME: Richard Maceyka TITLE: Vice President, Commercial, System Growth

ADDRESS: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, Colorado 80401

NAME: Andrew Walls TITLE: Treasurer

ADDRESS: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, Colorado 80401

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: SourceGas Inc. TITLE: _____

STREET: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

NAME: _____ TITLE: _____

STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____
CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: none TITLE: _____

STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____
CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: SourceGas Inc.

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, Colorado 80401

Organizational Relationship:

SourceGas Inc., a Delaware corporation, owns 100% of the issued and outstanding shares of SourceGas Arkansas Inc.

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: none

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: none TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

US EPA Region 6

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of Colorado

County of Jefferson

I, Douglas Whitefoot, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT SIGNATURE:



COMPANY TITLE: Senior Vice President, Operations

DATE: 11/7/13

SUBSCRIBED AND SWORN TO BEFORE ME THIS 7th DAY OF November 20 13

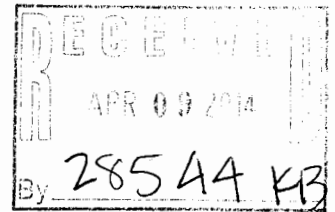
KIRSTEN MUNCY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20084032849
MY COMMISSION EXPIRES OCTOBER 3, 2016


NOTARY PUBLIC

MY COMMISSION EXPIRES:

10-3-2016

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: Taylor Valve Bare Steel Replacement
2. Applicant Legal Address: PO Box 13288	2. Project Physical Location: West of Springtown Road
3. Applicant City: Fayetteville	3. Project City: unincorporated, east of Siloam Springs
4. State: AR Zip: 72703	4. State: AR Zip: 72761
5. Applicant Telephone Number: 479-575-1458	6. Project Contact Person and Telephone: Contact Person Name: Amanda Swope
6. Applicant Type (check one): (Note Certification) <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation* *State of Incorporation: AR	Contact Person Title: EHS&T Coordinator
	Contact Person Telephone Number: 479-575-1458
7. Permit and DMR send to: ATTN: Amanda Swope Address: PO Box 13288 City: Fayetteville State: AR Zip: 72703	10. Project Latitude: <u>36° 12' 41.69"</u> Longitude: <u>94° 23' 52.44"</u>
	12. Additional Project Location Information: Section: 28 Township: 18 Range: 32 Project County: Benton
8. Cognizant Official: Amanda Swope Cognizant Title: EHS&T Coordinator Cognizant Telephone: 479-575-1458	13. Facility/Project NAICS Codes: 2212 Type of Business: Natural gas distribution
OUTFALL INFORMATION	
1. Outfall Number: 1	4. Estimated Volume of Discharge: <u>1800</u> gallons
(a) Stream Segment: 3I	5. Estimated Rate of Discharge: 0.0018 MGD
(b) Hydrologic Basin Code: 11110103	6. Source of Test Water: Siloam Springs City Water
(c) Outfall Latitude: <u>36° 12' 41.69"</u> Longitude: <u>94° 23' 52.44"</u>	7. Pipeline/Vessel: <input type="checkbox"/> USED <input checked="" type="checkbox"/> VIRGIN <input type="checkbox"/> OTHER: _____
(d) Section: <u>28</u> Township: <u>18</u> Range: <u>32</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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, brief description (Including any potentially toxic constituents)
2. Name of Receiving Stream: tributaries of Osage 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, list the Receiving Stream(s):	

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 Comments: _____

Permittee please check the following:

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



ARKANSAS
SECRETARY OF STATE

Mark Martin

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	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](#)

Discharge Point

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1994

Imagery Date: 3/24/2012

36°12'45.64" N 94°23'49.50" W elev 1111 ft eye alt

Google

Spinnetown Rd



General Permit Route Sheet

Facility Name		Taylor Valve Bare Steel	
Permit Number		ARG 670796	AFIN NO.* 04-02225
Stream Segment:	3J	Receiving Stream:	Palmer Hollow
Assigned HWC	11110103	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	4-16-14
AA (Max of 5 business days)	AFIN request (1-day)	JTB	4/16
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	JTB	4/16
	Complete Invoice Request Form and submit Invoice Request (same day)	JTB	4/16
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	JTB	4/16
Engineer	Review/organize folder for scanning (1-day)	JT	4-16-14
Engineer Supervisor	Review all the documents/permits/perform technical review for the proposed project. (1-day)	JTB	4-17-14
Assistant Chief	Review the documents and sign the authorization letter or the permit. (1-day)	JTB	4/18/14
AA	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	JTB	4/25/14
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.	KB	4-25

12:45pm 4-9-14 emailed Amanda Swope about check

REMARKS: _____