

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

2-15-2008

NOTICE OF INTENT PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000	
APPLICANT INFORMATION	PROJECT INFORMATION
1. Legal Name of Applicant (Operator): SourceGas Arkansas Inc.	1. Name of the Project: Decatur to Crystal Lake Bare Steel Replacement
2. Applicant Legal Address: 655 E. Millsap, Suite 104	2. Project Physical Location: Crystal Lake Road
3. Applicant City: Fayetteville	3. Project City: Decatur
4. State: AR Zip: 72703	4. State: AR Zip: 72722
5. Applicant Telephone Number: 479-575-1458	6. Project Contact Person and Telephone:
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 Name: Amanda Swope
	Contact Person Title: EHS&T Coordinator
	Contact Person Telephone Number: 479-575-1458
7. Permit and DMR send to:	10. Project Latitude: <u>36° 20' 8.53"</u>
ATTN: Amanda Swope	Longitude: <u>94° 26' 50.52"</u>
Address: 655 E. Millsap, Suite 104	12. Additional Project Location Information:
City: Fayetteville	Section: <u>1</u> Township: <u>19</u> Range: <u>33</u>
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	
OUTFALL INFORMATION	
1. Outfall Number: 1	4. Estimated Volume of Discharge: <u>6100</u> gallons
(a) Stream Segment: 3I	5. Estimated Rate of Discharge: 0.0061 MGD
(b) Hydrologic Basin Code: 11070200	6. Source of Test Water: Decatur City Water
(c) Outfall Latitude: <u>36° 20' 8.53"</u> Longitude: <u>94° 26' 50.52"</u>	7. Pipeline/Vessel: <input type="checkbox"/> USED <input checked="" type="checkbox"/> VIRGIN <input type="checkbox"/> OTHER: _____
(d) Section: <u>1</u> Township: <u>19</u> Range: <u>33</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>9/15/14</u> End Date: <u>9/15/15</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: Wolf Creek, Spavinaw 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): Spavinaw Creek	

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1. Outfall Number: N/A	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 type="checkbox"/> YES (Permit Number _____) <input checked="" 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.adeg.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: Doug Whitefoot	Title: Senior Vice President, Operations
Signature: 	Date: 8/24/14

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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"/>



Google

Imagery Date: 3/19/2014 36°20'08.27" N 94°26'48.80" W elev 1315 ft eye alt 4

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ARKANSAS
SECRETARY OF STATE

Mark Martin

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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 WASSENBERG , Tax Preparer MICHAEL NOONE , President TIMOTHY J KNAPP , Secretary DOUGLAS D WHITEFOOT , Vice-President ANDREW J WALLS , Treasurer JENNIFER TOEPKE , 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

Facility Name		[Handwritten]	
Permit Number		ARG: [Handwritten]	AFIN NO.* [Handwritten: 02261]
Stream Segment:	[Handwritten: 3J]	Receiving Stream:	[Handwritten: Wolf Creek]
Assigned	Activity	Initials	Date Complete/Entered
Sect.	Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)	[Handwritten]	N/A
Engineer	Completeness and Technical Review/Enter permit information into Database (3-days)	SC	9/2
AA (Max of 5 business days)	AFIN request (1-day)	TB	9/3
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	TB	9/3
	Complete Invoice Request Form and submit Invoice Request (same day)	TB	9/3
	Prepare Authorization letter and attach appropriate permit, forms (1-day) [Handwritten: 9/10]	TB	9/3
Engineer	Review/organize folder for scanning (1-day)	SC	9/3
Engineer Supervisor	Review all the documents/permits/performs technical review for the proposed project. (1-day)	[Handwritten]	9/5 Plus 6k
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)	TB	9/10
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	9-10

REMARKS: _____