

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
PIPELINE HYDROSTATIC TESTING DISCHARGE
NPDES GENERAL PERMIT ARG670000

RECEIVED

MAY 13 2015

Kn 433

Application Type: New Renewal Permit # ARG67
AFIN# _____

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): El Dorado Chemical Company Operator Type:
Permittee Mailing Address: P.O. Box 231 State Partnership
Permittee City: El Dorado Federal Corporation*
Permittee State: AR Zip: 71730 Sole Proprietorship/Private
Permittee Telephone Number: 870-863-1400 *State of Incorporation: OK
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: gwithrow@edc-ark.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Greg Withrow City: El Dorado
Invoice Mailing Company: El Dorado Chemical Company State: AR Zip: 71730
Invoice Mailing Address: P.O. Box 231 Telephone: 870-863-1400

III. FACILITY INFORMATION

Facility Name: El Dorado Chemical Company Facility Contact Person: Greg Withrow
Facility Address: 4500 North West Avenue Contact Title: General Manager
Facility County: Union Contact Telephone Number: 870-863-1400
Facility City, State & Zip: El Dorado, AR 71730 Contact E-mail: gwithrow@edc-ark.com

Facility SIC Code: 2873/2819 Facility NAICS Code: 325311/325188 Type of Business: Nitrogenous Fertilizers and Inorganic Chemical Manufacturer
Facility Latitude: 33 Deg 15 Min 49.91 Sec Facility Longitude: 92 Deg 41 Min 5.29 Sec
Accuracy: N/A Method: Google Earth Datum: N/A Scale: N/A Description: Google Earth
Section: 5 Township: 17S Range: 15W

IV. DISCHARGE INFORMATION

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.

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| | | | | | |
|---|---|---|------------------|---------|-------|
| Outfall Number: | 001 | | | | |
| Stream Segment: | 706 | | | | |
| Hydrologic Basin Code: | 8040201 | | | | |
| Outfall Latitude: | 33 | ° | 15 | ' | 56.10 |
| Outfall Longitude: | 92 | ° | 38 | ' | 41.92 |
| County: | Union | | | | |
| Start Date: | May 15, 2015 | | End Date: | Unknown | |
| Name of Receiving Stream: | Unnamed Tributary of Flat Creek | | | | |
| Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams. | Flat Creek | | | | |
| Estimated Volume of Discharge: | 400,000 | | | gallons | |
| Estimated Rate of Discharge: | 0.2 | | | MGD | |
| Source of Test Water: | Treated River Water | | | | |
| Pipeline/Vessel: | <input type="checkbox"/> Used <input checked="" type="checkbox"/> Virgin <input type="checkbox"/> Other _____ | | | | |
| Describe material from which pipeline/vessel was constructed: | Carbon Steel | | | | |
| Type of fluid normally contained/transported through pipe/vessel: | Natural Gas | | | | |
| Are Corrosion Inhibitors Used?: | No | | | | |
| Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

| | | | | | |
|---|--|---|------------------|---------|---|
| Outfall Number: | N/A | | | | |
| Stream Segment: | | | | | |
| Hydrologic Basin Code: | | | | | |
| Outfall Latitude: | | ° | | ' | " |
| Outfall Longitude: | | ° | | ' | " |
| County: | | | | | |
| Start Date: | | | End Date: | | |
| Name of Receiving Stream: | | | | | |
| Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams. | | | | | |
| Estimated Volume of Discharge: | | | | gallons | |
| Estimated Rate of Discharge: | | | | MGD | |
| Source of Test Water: | | | | | |
| Pipeline/Vessel: | <input type="checkbox"/> Used <input type="checkbox"/> Virgin <input type="checkbox"/> Other _____ | | | | |
| Describe material from which pipeline/vessel was constructed: | | | | | |
| Type of fluid normally contained/transported through pipe/vessel: | | | | | |
| Are Corrosion Inhibitors Used?: | | | | | |
| Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Additional Outfalls can be added using separate attached pages.

WATER DIVISION
 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
 PHONE 501-682-0623 / FAX 501-682-0880
 www.adeg.state.ar.us

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V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR0000752
 NPDES General Permit Number (If Applicable): ARG
 State Construction Permit Number(If Applicable): ARR154223 and ARR154696
 NPDES General Construction Stormwater Permit Number (If Applicable): _____

VI. OTHER INFORMATION:

Additional Location Description: The outfall location is not at the facility but in the pipeline right-of-way approximately 2.2 miles east of the facility.
 Additional Comments: _____
 Consultant Contact Name: Amanda Gallagher
 Consultant Email Address: agallagher@gbmcassoc.com

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 Brown
 Consultant Address: Lane City: Bryant State: AR Zip: 72022
 Consultant Phone Number: 501-847-7077 Consultant Fax Number: _____

Disclosure Statements:

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.

VII. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

| | Yes | No | * If No is answered for any of the questions, then a permit can not be issued! |
|------------------------------------|-------------------------------------|--------------------------|--|
| Submittal of Complete NOI? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Submittal of Required Permit Fee? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Check Number: <u>11422</u> |
| Submittal of Site Map? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Submittal of Disclosure Statement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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VIII. CERTIFICATION OF OPERATOR

GW (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
GW (Initial) "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."
GW (Initial) "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."

Responsible Official Printed Name: Greg Withrow Title: General Manager
Responsible Official Signature: *Greg Withrow* Date: 5/13/15
Responsible Official Email: gwithrow@edc-ark.com

Cognizant Official Printed Name: N/A Title: _____
Cognizant Official Signature: _____ Date: _____
Cognizant Official Email: _____ Telephone: _____

ARG670000 Checklist

ARG67 0825 New Renewal Modification

Permit Fee: Disclosure Statement: 5/13 Sec. of State Check: 5/13

Does the facility have any other NPDES permit: No Yes: AR0000752

Discharge Path: 0.303 mi ELCC Tributary, Flat Creek, Haynes Creek, Smackover, Ouachita
3.28 5.22 9.60 If Yes, verify any overlapping limits NA - Discharge location is far from plant activity.

HUC: 8040201 Planning Segment: 2D 13.59

Potential Losing Stream Area: No Yes

Natural/Scenic Water: No Yes: _____ Distance: _____

Extraordinary Resource Water: No Yes: _____ Distance: _____

Ecologically Sensitive Waterbody: No Yes: _____ Distance: _____

303 (d) list Impaired: None

Category 5 – Waterbody: ELCC Tributary, Flat, Smackover Source/Cause: NO₃, Cu, Zn, DO, SI Distance: 0.30, 3.28, 9.60

Category 4a – Waterbody: Flat, Ouachita Source/Cause: CL, TDS, SO₃, Hg Distance: 3.28, 13.59

TMDL ELCC Trib, Flat creek, Ouachita CL, SO₃, TDS, NH₃, Hg 0.30, 3.28, 13.59

Site Map or Schematic diagram:

Discharge Location(s)

Volume and Rate of Discharge:

Test Water Source:

Pipeline/Vessel Condition: Used Virgin

Pipe/Vessel Material: Carbon Steel

Typical fluid:

Corrosion inhibitors: No Yes

↳ If Yes, MSDS sheets included for every additive?

Date sent to Tech. Services Manager: _____ Response Date: _____

Comments: _____

Check with Enforcement for non-compliance issues: Date Sent 5/14/15 Response Date _____

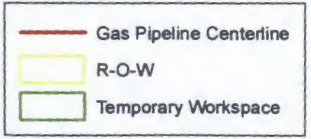
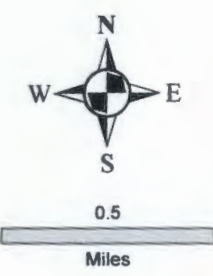
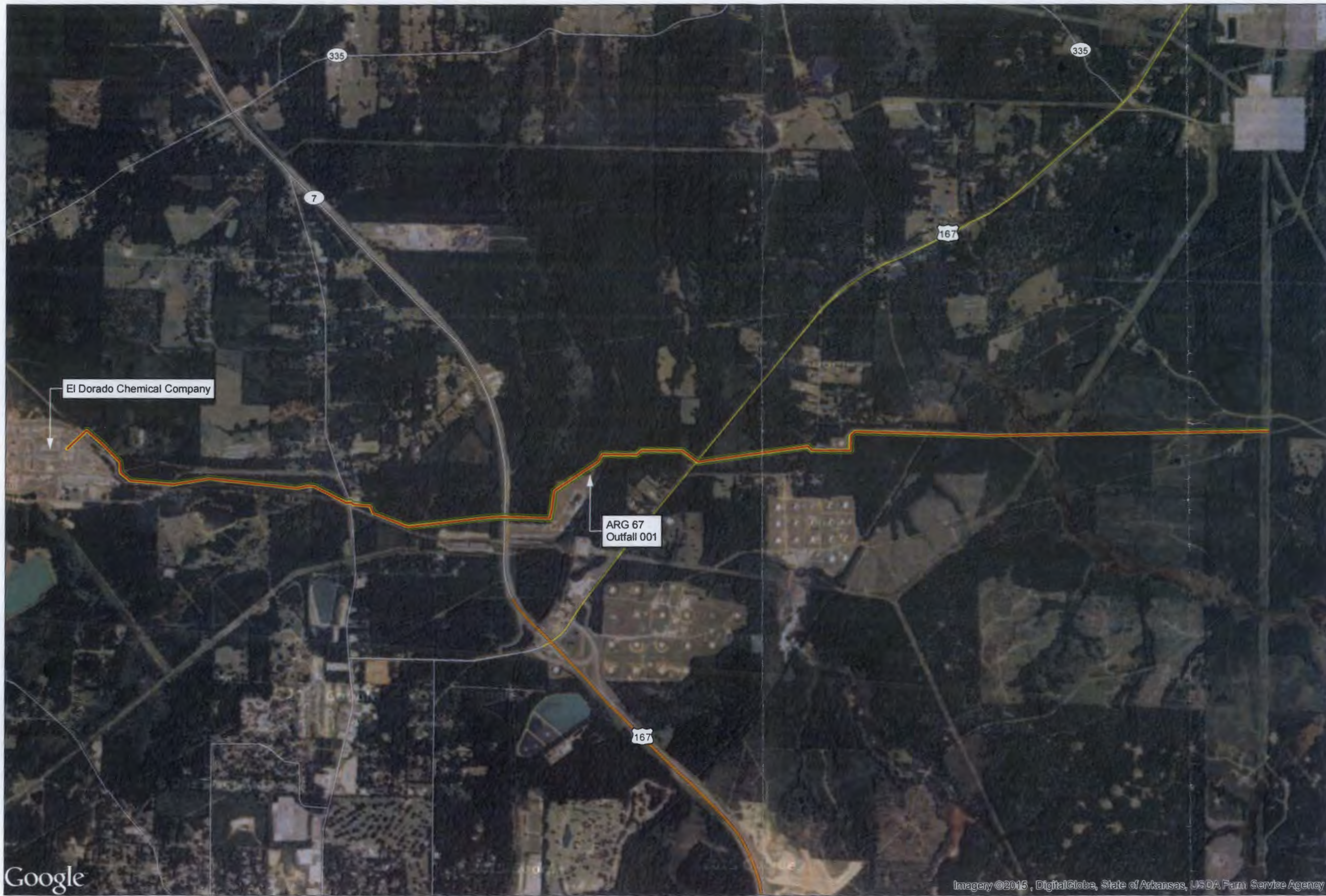
Discharge contains **only** water used for hydrostatic testing:

<0.1 mg/l of chlorine in discharge: TRC limit added on NOC

No substances that are not monitored by effluent limits in permit:

No lubricants with PCBs:

Other Comments: _____



Google

Imagery ©2015, DigitalGlobe, State of Arkansas, USDA Farm Service Agency

| NO | DATE | REVISION | BY | CK | APPR |
|----|------|----------|----|----|------|
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| | | | | | |
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| | |
|-------------|-----|
| DESIGNED BY | AAG |
| CHECKED BY | CDC |
| APPR BY | AAG |
| DRAWN BY | IT |
| | |
| | |



SHEET TITLE
**HYDROSTATIC TESTING
SITE MAP**

JOB NAME
**GAS PIPELINE PROJECT
EL DORADO CHEMICAL COMPANY
EL DORADO, ARKANSAS**

| | | | |
|-------------|-------------|----------|----|
| PROJECT NO. | 2042-14-200 | REV. NO. | |
| DATE | 05/13/2015 | | |
| SCALE | SHOWN | DWG. NO. | S1 |

General Permit Route Sheet

| Facility Name | | El Dorado Chemical Company | |
|---------------------|--|----------------------------|---------------|
| Permit Number | | ARG 670825 | AFIN NO.* 70- |
| Assigned | Activity | Initials | Date |
| ASII | Application Logged/Assign Tracking Number/Place in purple folder with appropriate route sheet and filing folders (1-day) | KB | 5-19 |
| Engineer | Completeness and Technical Review/Enter permit information into Database *except NOI date* (3-days) | AK | 5/19 |
| | Include map showing Environmentally Sensitive Waters (ERWs, ESWs, NSWs, potential losing streams, 303(d) listed streams, stream segments with an established TMDL, proposed rerouting of stream, mining site, or reclamation site) | AK | 5/19 |
| ASIII | AFIN request (1-day) | Na | |
| | Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day) | TB | 5/19 |
| | Complete Invoice Request Form and submit Invoice Request (same day) | TB | 5/19 |
| Engineer Supervisor | Review all the documents and perform technical review for the proposed project. (1-day) | AK | 5/19 |
| Planning Section | Review documents if the facility is engaging in mining activity, reclamation sites, within 1 mile of an environmentally sensitive area, or proposing to relocate a stream. (if applicable) (3-days) No comments <input checked="" type="checkbox"/> Comments emailed <input type="checkbox"/> | KRW | 19 MAY 15 |
| Engineer Supervisor | Review comments from planning section and work with engineer to resolve any issues (if applicable). (3-days) | AK | 5/19 |
| ASIII | Scan NOI E:/ drive for Public Notice (1-day) Update Completion Date in Database Prepare Notice of Coverage (NOC) and attach appropriate forms (date NOC out at least 7 days due to public notice). | TB | 5/19 |
| Engineer | Review NOC (1-day) | | |
| Engineer Supervisor | Review all documents and perform technical review (1-day) | | |
| Branch Manager | Review all documents and perform technical review (if applicable) (1-day) | AK | 5/19 |
| Assistant Chief | Review all documents, perform technical review, and sign the NOC. (1-day) | | |
| Engineer Supervisor | Review and take to chief for final review and approval. (1-day) | | |
| Chief | Final Review and Approval (if applicable). Work with Branch Managers for any comments. (2-days) | | |
| Engineer Supervisor | Review any comments from Chief and make appropriate changes based on comments and return to Management chain for review. (1-day) | | |
| ASIII | Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day) | TB | 5-19 |
| ASII | Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. | KB | 5-20 |

Comments: _____
