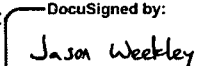




Arkansas Department of Environmental Quality
Permits Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118
(501) 682-0623

**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: Hwy 18 Manila
2. Applicant Legal Address: 655 E. Millsap, Suite 104	2. Project Physical Location: Hwy 18
3. Applicant City: Fayetteville	3. Project City: Manila
4. State: AR Zip: 72703	4. State: AR Zip: 72442
5. Applicant Telephone Number: 479-582-7804	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: Environmental Coordinator
	Contact Person Telephone Number: 479-582-7804
7. Permit and DMR send to:	10. Project Latitude: <u>35° 52' 22.09"</u>
ATTN: Amanda Swope	Longitude: <u>90° 10' 29.67"</u>
Address: 655 E. Millsap, Suite 104	12. Additional Project Location Information:
City: Fayetteville	Section: <u>6</u> Township: <u>14</u> Range: <u>9</u>
State: AR Zip: 72703	Project County: Mississippi
8. Cognizant Official: Amanda Swope	13. Facility/Project NAICS Codes: 2212
Cognizant Title: Environmental Coordinator	Type of Business: Natural gas distribution
Cognizant Telephone: 479-582-7804	
OUTFALL INFORMATION	
1. Outfall Number: 1	4. Estimated Volume of Discharge: <u>6900</u> gallons
(a) Stream Segment: 5C	5. Estimated Rate of Discharge: 0.0069 MGD
(b) Hydrologic Basin Code: 8020204	6. Source of Test Water: Manila City Water
(c) Outfall Latitude: <u>35° 52' 22.09"</u> Longitude: <u>90° 10' 29.67"</u>	7. Pipeline/Vessel: <input type="checkbox"/> USED <input checked="" type="checkbox"/> VIRGIN <input type="checkbox"/> OTHER: _____
(d) Section: <u>6</u> Township: <u>14</u> Range: <u>9</u>	8. Describe material from which pipeline/vessel was constructed: steel
(e) County: Mississippi	9. Type of fluid normally contained/transported through pipe/vessel: natural gas
(f) Start Date: <u>7/20/15</u> End Date: <u>10/20/15</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: St. Francis River	
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

1. Outfall Number: 2	4. Estimated Volume of Discharge: <u>4620</u> gallons
(a) Stream Segment: 5C	5. Estimated Rate of Discharge: 0.0046 MGD
(b) Hydrologic Basin Code: 8020204	6. Source of Test Water: Manila City Water
(c) Outfall Latitude: <u>35° 51' 32.26"</u> Longitude: <u>90° 8' 34.98"</u>	7. Pipeline/Vessel: <input type="checkbox"/> USED <input checked="" type="checkbox"/> VIRGIN <input type="checkbox"/> OTHER: _____
(d) Section: <u>4</u> Township: <u>14</u> Range: <u>9</u>	8. Describe material from which pipeline/vessel was constructed: Steel
(e) County: Mississippi	9. Type of fluid normally contained/transported through pipe/vessel: natural gas
(f) Start Date: <u>7/20/15</u> End Date: <u>10/20/15</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: St. Francis River	
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):	
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	
<p>"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."</p> <p>"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."</p>	
Typed or Printed Name: Jason Weekley	Title: Vice President, Operations
Signature:   	Date: 7/1/2015

F21A7CEF350E4A1...

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: _____

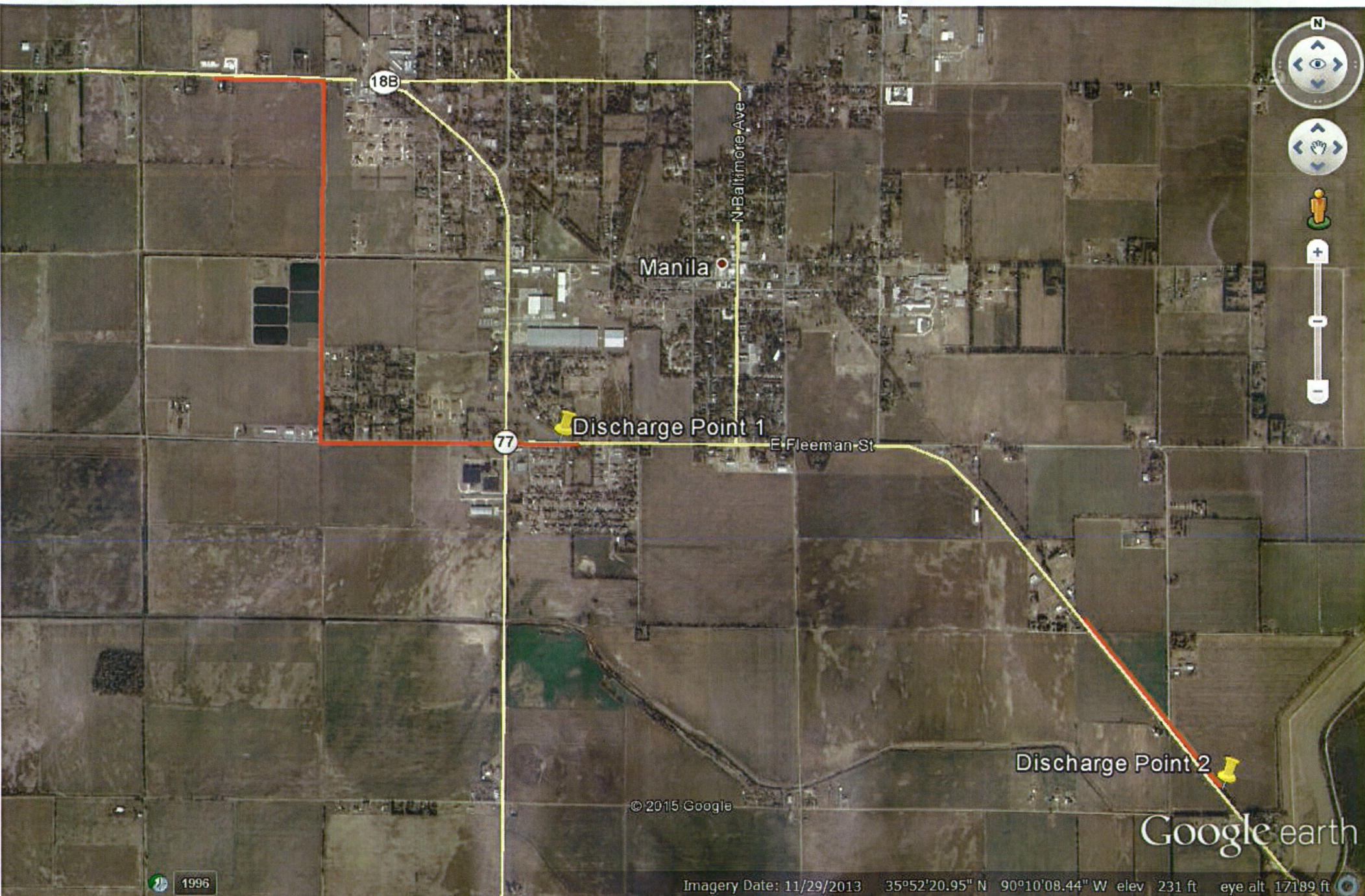
Permittee please check the following:Complete NOI: Yes NO
 ☒ ☐Disclosure: Yes NO
 ☒ ☐Map: Yes NO
 ☒ ☐Fee: Yes NO
 ☒ ☐

WATER DIVISION

5301 NORTHSORE 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



© 2015 Google

Google earth

1996

Imagery Date: 11/29/2013 35°52'20.95" N 90°10'08.44" W elev 231 ft eye alt 17189 ft



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 [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 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](#)

ARG670000 Checklist

ARG67 0834

☒ New

☐ Renewal

☐ Modification

Permit Fee: ☒

Disclosure Statement: ☒

Sec. of State Check: ☒

Does the facility have any other NPDES permit: ☒ No

☐ Yes: _____

↳ If Yes, verify any overlapping limits ☐

Discharge Path: Ditch No. 13, to Buffalo Creek Ditch, Iron Mines Creek, St Francis River

HUC: 8020204

Planning Segment: SC

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: _____ Source/Cause: _____ Distance: _____

☐ Category 4a – Waterbody: _____ Source/Cause: _____ Distance: _____

Site Map or Schematic diagram: ☒

☒ Discharge Location(s)

Volume and Rate of Discharge: ☒

Test Water Source: ☒

Pipeline/Vessel Condition: ☐ Used ☒ Virgin

Pipe/Vessel Material: 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 —

Response Date — *Sent multiple times prior*

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

<0.1 mg/l of chlorine in discharge: ☒

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

No lubricants with PCBs: ☒

Other Comments: <0.1 mg/L chlorine assumed do to city water source

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) :

655 East Millsap Road, Suite104

3. CITY, STATE, AND ZIPCODE:

Fayetteville, AR 72703

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 I 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-AR-1, 1868-AGP-018, 1868-AGP-285, 1868-AGP-019, 1869-AGP-262, 1868-AGP-123, 1868-AGP-349, 1868-AGP-345, 1310-AOP-R3, 1185-AOP-R6, 1450-AOP-R4, 1378-AOP-R3, and 1972-AOP-R3.

There is one facility with a UST: 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: Michael Noone TITLE: CEO, President

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: Richard Ostberg TITLE: CFO

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: Timothy Knapp TITLE: VP, GC, Secretary

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

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

NAME: Michael Noone TITLE: CEO, President

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: Richard Ostberg TITLE: CFO

STREET: 600 12th Street, Suite 300

CITY, STATE, ZIP: Golden, CO 80401

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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

NAME: N/A 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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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, CO 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: N/A 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, CO 80401

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

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

NAME: N/A

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: N/A 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.

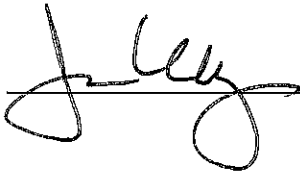
DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of Arkansas

County of Washington

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

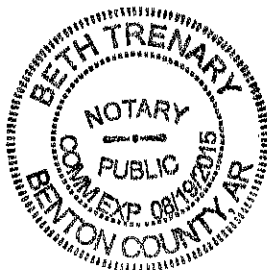
APPLICANT
SIGNATURE:

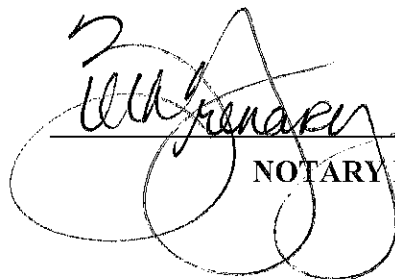


COMPANY
TITLE: Vice President, Operations

DATE: 10/2/2014

SUBSCRIBED AND SWORN TO BEFORE ME THIS 2nd DAY OF October 20 14




NOTARY PUBLIC

MY COMMISSION EXPIRES:

8.19.2015

8. (Continued)

NAME: W. Jason Weekley
ADDRESS: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

TITLE: Vice President, Operations

NAME: Greg Toth
ADDRESS: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

TITLE: Vice President, Customer Care and Growth

NAME: Richard Maceyka
ADDRESS: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

TITLE: Vice President, Commercial and System Growth

NAME: Marsha Williams
ADDRESS: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

TITLE: Vice President, Human Resources

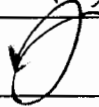
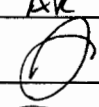

NAME: Charles Harder
ADDRESS: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

TITLE: Vice President, Rates and Regulatory

NAME: Andrew Walls
ADDRESS: 600 12th Street, Suite 300
CITY, STATE, ZIP: Golden, Colorado 80401

TITLE: Treasurer

General Permit Route Sheet

Facility Name	Hwy 18 Manila		
Permit Number	ARG 670834	AFIN NO.*	47-0014
Assigned	Activity	Initials	Date
ASII	Application Logged/Assign Tracking Number/Place in purple folder with appropriate route sheet and filing folders (1-day)	KB	7-8
Engineer	Completeness and Technical Review/Enter permit information into Database *except NOI date* (3-days)	AK	7/8
	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	7/8
ASIII	AFIN request (1-day)	KB	7-9
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	KB	7-9
	Complete Invoice Request Form and submit Invoice Request (same day)	KB	7-9
Engineer Supervisor	Review all the documents and perform technical review for the proposed project. (1-day)		7-9
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 type="checkbox"/> Comments emailed <input type="checkbox"/>	N/A	
Engineer Supervisor	Review comments from planning section and work with engineer to resolve any issues (if applicable). (3-days)	N/A	
ASIII	Scan NOI E:/ drive for Public Notice (1-day) N/A 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).	KB	7-9
Engineer	Review NOC (1-day)	AK	7/9
Engineer Supervisor	Review all documents and perform technical review (1-day)		7/10
Branch Manager	Review all documents and perform technical review (if applicable) (1-day)		7/10
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)	N/A	
Chief	Final Review and Approval (if applicable). Work with Branch Managers for any comments. (2-days)	N/A	
Engineer Supervisor	Review any comments from Chief and make appropriate changes based on comments and return to Management chain for review. (1-day)	N/A	
ASIII	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	KB	7-13
ASII	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab.	KB	7-13

Comments: _____
