## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

# PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

Application Type: New 🛛 Re	newal Permit # ARG67 AFIN# 70-00016					
I. PERMITTEE/OPERATOR INFORMATION	AFIN# <u>70-00010</u>					
Permittee (Legal Name): Lion Oil Company	Operator Type:					
Permittee Mailing Address: 1000 McHenry Avenue	State Partnership					
Permittee City: El Dorado	☐ Federal ☐ Corporation*					
Permittee State: Arkansas Zip: 717						
Permittee Telephone Number: 870-864-1120	*State of Incorporation: AR					
Permittee Fax Number: 870-864-1165	The legal name of the Permittee must be					
Permittee E-mail Address: Ranee.Brunner@lionoil.com	identical to the name listed with the Arkansas Secretary of State.					
Territice E-man Address. Transcontinuity Menon.com	Thransas secretary or state.					
II. INVOICE MAILING INFORMATION						
Invoice Contact Person: Adrian Araiza	City: El Dorado					
Invoice Mailing Company: Lion Oil Company	State: AR Zip: 71730					
Invoice Mailing Address: 1000 McHenry Avenue	Telephone: 870-864-1289					
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III. FACILITY INFORMATION						
Facility Name: Lion Oil Company	Facility Contact Person: Adrian Araiza					
Facility Address: 1000 McHenry Avenue	Contact Title: Environmental Manager					
Facility County: Union C	Contact Telephone Number: 870-864-1289					
Facility City, State & Zip: El Dorado, AR 71730	Contact E-mail: Adrian.Araiza@lionoil.com					
Facility SIC Code: 2911 Facility NAICS Code: 32411 Type of Business: Petroleum Refinery						
Facility Latitude: 33 Deg 12 Min 00Sec Facility Longitude: 92 Deg 40 Min 48Sec						
polation-	NAD Front gate  83 Scale: 1:12,000 Description: of facility					
Section: 32 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*						

<sup>\*</sup>If the answer is NO, do not submit the NOI for permit coverage.

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Outfall Number:	014					
Stream Segment:	2D					
Hydrologic Basin Code:	08040202					
Outfall Latitude:	33	•	11	,	44.75	>>
Outfall Longitude:	92	0	40	,	38.83	"
County:	Union					
Start Date:	6/24/2016		End Date: 7/31/2016		7/15/2016	
Name of Receiving Stream:			ence Bayou de Loutre			
Are any of the Receiving Stream	Are any of the Receiving Streams on the latest		Bayou de Loutre			
Clean Water Act section 303 (d) list of impaired		d				
waters or have an approved TM	MDL? If yes, lis	it				
the Receiving Streams.						
Estimated Volume of Discharge:			6,500,000 gallons			
Estimated Rate of Discharge:			1.0		MGD	
Source of Test Water:			Hydrostatic test water		112 after	maintenance
		_	activities were completed	i.		
Pipeline/Vessel:				Other		
Describe material from which p	ipeline/vessel wa	s	Steel plate			
constructed:		_				
Type of fluid normally contained/transported		d	Asphalt			
through pipe/vessel:		_				
Are Corrosion Inhibitors Used?:			No			
Does pipeline use compre		s	☐ Yes ☐ No			
containing polychlorinated biphe	enyls (PCBs)?					
	r					
Outfall Number:						
Stream Segment:						
Hydrologic Basin Code:		o T		,		,,
Outfall Latitude:		•		,		"
Outfall Longitude:		٦_				1 "
County:			D. I.D. /			
Start Date:			End Date:			
Name of Receiving Stream:	(1.1.1	4 1				
Are any of the Receiving Stream						
Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list						
the Receiving Streams.	IDL: II yes, iis	١,				
Estimated Volume of Discharge:		+			gallons	
Estimated Volume of Discharge:					MGD	
Source of Test Water:		+			MGD	
Pipeline/Vessel:		+	Used Virgin	Other		
Describe material from which pipeline/vessel was			Oscu viigiii	J Other		
constructed:		3				
Type of fluid normally contained/transported		1				
through pipe/vessel:		*				
Are Corrosion Inhibitors Used?:		+				
			Yes No			
containing polychloringted hiphenyls (PCBs)?		1	•			

WATER DIVISION

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

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Additional Outfalls can be added us	sing sepa	arate at	ttached pages.			
V. FACILITY PERMIT INF	ORMA'	TION				
NPDES Individual Permit Number (If Applicable): NPDES General Permit Number (If Applicable):			AR0000647			
			ARR000686			
State C	onstruct	ion Pe	rmit Number(If Applicable):	V		
NPDES General Construction S	stormwa	ter Per	mit Number (If Applicable):	ARR15		
VI. OTHER INFORMATIO	N:					
Additional Location Description						
Additional Comments:						
Consultant Contact Name:	Chuck Campbell or Josh Fluger					
Consultant Email Address:	ccampbell@gbmcassoc.com jfluger@gbmcassoc.com					
Consultant Address:	219 Bro Lane	own	City: Bryant	State: AR	Zip: <u>72022</u>	
Consultant Phone Number:		347-70	· ——	ax Number: 501-847		
Disclosure Statements:  Arkansas Code Annotated Section certification or operational authorit statement with their applications. complete without one. You must s form may be obtained from ADEQ	y issued The fil ubmit a	by the ing of new d	e Arkansas Department of En a disclosure statement is n isclosure statement even if y	nvironmental Quality (nandatory. No application on the wife with the wif	ADEQ) file a disclosure ation can be considered	
VII. PERMIT REQUIREMEN  Please check the following to	verify co	mpleti	on of permit requirements.	.c.a.		
	Yes	No	* If No is answered for any	of the questions, then a pi	ermit can not be issued:	
Submittal of Complete NOI? Submittal of Required Permit	$\boxtimes$					
Fee?	$\boxtimes$		Check Number: 6417			
Submittal of Site Map? Submittal of Disclosure	$\boxtimes$					
Statement?	$\boxtimes$					

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

(Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized

understand that the Department will accept reports signed only by the Applicant."

representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I

#### VIII. CERTIFICATION OF OPERATOR

(Initial) "I certify under penalty of law that this document and a supervision in accordance with a system designed to evaluate the information submitted. Based on my inquestion gathering the information, the information submitted accurate, and complete. I am aware that there are significantly including the possibility of fine and imprisonment for knowledge.	all attachments were prepared under my direction or assure that qualified personnel properly gather and airy of the person or persons directly responsible for is, to the best of my knowledge and belief, true, gnificant penalties for submitting false information,
Responsible Official Printed Name:  Responsible Official Signature:  Responsible Official Email:  Rance Brunner  Rance Brunner	Title: Vice President/General Manager  Date: (24/16)
Cognizant Official Printed Name:  Cognizant Official Signature:  Cognizant Official Email:	Title:  Date: Telephone: